

# STATE OF TENNESSEE



**ANNUAL  
REPORT**

**FY 2012-2013**







## A WORD FROM THE COMMISSIONER



Commissioner  
Debra K. Payne

Greetings Fellow Tennesseans,

Thank you for your interest in the services and supports that are provided by the Department of Intellectual and Developmental Disabilities. It is our vision to support all Tennesseans with intellectual and developmental disabilities to live fulfilling and rewarding lives. Our employees work diligently to partner with people who use our services, their family members and friends. We believe in community partnership to assist the people we support to be the driving force in creating better lives.

In FY 2012-2013, we made great strides toward achieving our mission to become the nation's most person-centered and cost effective state support system for people with intellectual and developmental disabilities. We are committed to imbedding Person Centered Practices throughout the service delivery system. Our partnership with the Council on Quality Leadership is providing avenues for stakeholders to improve quality systems. Our goal is to become the first accredited state system focused on intellectual and developmental disabilities in the United States.

Our Fiscal Year 2012-2013 Annual Report will reflect our continued commitment to serving Tennesseans and fulfilling the Governor's vision for efficient Customer Focused Government. This commitment is to provide an array of supports that focus on innovation, advocacy, community, and protection from harm. We believe that all people with disabilities have the right to achieve enriched lives in our community.

We thank the community and our stakeholders for continued support in our endeavors. DIDD is now embarking on a voyage of Community of Practice. Our partnerships are expanding to create a community that draws upon the common interest of providing supports to people with intellectual and developmental disabilities. We are instilling the philosophy that communities are intentional, not accidental.

Sincerely,

Debra K. Payne, Commissioner

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## DIDD OFFICE OF THE COMMISSIONER

The Department of Intellectual and Developmental Disabilities (DIDD) is the state agency responsible for administering services and support to Tennesseans with intellectual and developmental disabilities. DIDD manages services directly or through contracts with community providers. The Central Office of the Commissioner is located in Nashville, Tennessee. The Commissioner appoints an executive management team of leadership and expertise necessary to fulfill the vision of DIDD.

### **Services and Supports**

DIDD partners with people supported, their family members, and friends. This partnership begins when people or family members ask for assistance from DIDD. The Bureau of TennCare contracts with DIDD to operate three Medicaid Home and Community Based Services (HCBS) Waiver programs for people with intellectual disabilities. Waiver programs enable people to receive long-term care in their homes and the community. DIDD has the responsibility to assist eligible people and families in obtaining the services and supports available; assist and support other state and community agencies to provide services and supports; monitor the services and supports to ensure health and safety; and, help people know and understand rights and protections available under DIDD policy and state and federal laws.

### **Statewide Planning and Policy Council**

The Statewide Planning and Policy Council (SPPC) oversees four councils across the state, three Regional (East, Middle, and West) councils and a Developmental Disabilities Statewide Planning and Policy Council. Like the statewide council, these councils consist of members who are people served, family members, advocates of children, adults, and the elderly, service providers, and other stakeholders in partnership with the Department. All council members volunteer their time and expertise. Through collaboration, the councils present their research and recommendations regarding department policy, formulation of budget requests, and the development of services for the people DIDD supports and their families to the statewide council to be placed in DIDD's annual report to the Governor.



## DIDD CUSTOMER FOCUSED GOVERNMENT

The Department, in conjunction with all state agencies completed a thorough Top to Bottom Review to support Governor Haslam's move towards an efficient customer focused government. The result was a new standard for providing an effective state government with a culture of customer service for all Tennesseans.

DIDD developed an intentional strategy to move the Department forward and create a new system to fulfill its mission accentuating customer service.

Throughout the year, goals and action steps implemented show progress. Prioritized goals allow for the greatest impact for change. The Department has set the following goals:

1. Operate the Home and Community Based Medicaid Waiver programs to ensure continued federal reimbursements and minimize state liabilities in order to maximize the number of people receiving services.
2. Help integrate the population DIDD serves into the broader community by transitioning 100 percent of the people residing within Clover Bottom Developmental Center into Middle Tennessee Community Homes by May 1, 2015.
3. Complete all sections of the Arlington Exit Plan by December 31, 2013.
4. Implement Project Titan solution to resolve the Comptroller's audit finding concerning DIDD Information Systems.





## DIDD DIVISION OF ADVOCACY SERVICES

The Division of Advocacy Services is a resource for people supported and their families. The unit assists in improving quality of life, services and supports, and DIDD's delivery system. Advocacy provides mediation and education, serves as a liaison with the federal court monitor's office to address class members' issues, works with DIDD representatives, provider agencies and other external stakeholders to address issues and concerns related to people supported. Advocacy also tracks and trends any identified systemic patterns in complaint issues in order to work toward resolution.

### Customer Focused Services

Customer Focused Services (CFS) Coordinators provide assistance for people, their legal decision-makers, and/or concerned citizens. CFS Coordinators contribute by listening, advising, guiding and networking on the person's behalf. CFS staff help when requested in the following ways:

- Attend Circle of Support meetings as an advocate;
- Conduct Complaint Resolution Sessions for people supported, their family representatives and/or their legal representatives;
- Provide Statewide Focus Groups forums for Self-Advocacy;
- Provide Conflict Resolution Training and Services for those requesting assistance;
- Provide a trained mediator according to the Tennessee Courts Rule 31: Alternative Dispute Resolution (ADR) for those seeking mediation; and
- Collaborate on behalf of people with DIDD representatives and stakeholders to address issues and finding resolutions.

The DIDD Complaint Resolution staff is available when a complaint is filed. All complaints are addressed to resolution. Issues reported can be related to effective communication, health supports, environmental issues, specialized training, decision making assistance, fair treatment, financial matters, and/or human rights topics. Help is always offered for concerns with services people are receiving.

### *Data for FY 2012-2013*

- Statewide, DIDD received 288 complaints.
  - Of the total received, half involved staffing concerns made by conservators and family members.
  - 85 complaints came from People Talking to People surveys.
  - 63 complaints concerned Human Rights issues.
  - 21 complaints concerned Financial Issues.
  - 100% of these complaints were resolved in 30 days. This is 100% compliance with the Customer Focused Services benchmark established in 2005.

**Conflict Resolution Intervention**

Customer Focused Staff provide conflict resolution interventions when complaint issues cannot be resolved on an informal level. Support is provided to assist in resolving disagreements concerning any issue that is reported. Most support is provided for concerns on fair financial dealings, transitions between providers, medical care issues, Circle of Support (COS) decision-making and freedom of choice situations.

**Focus Group Participation**

Focus Groups were held in Greeneville, Knoxville, Memphis, and Nashville in which 1807 people receiving services and their staff participated. These groups meet the unit's mission of providing self advocacy opportunities for people while creating teamwork with DIDD stakeholders and Regional Office staff.

*Highlights and Accomplishments*

- Effective September 15, 2012, DIDD Internal Advocacy Services expanded statewide service in all three grand regions.
  - Effective December 2012, Advocacy Services and the Complaint Resolution System combined into one unit.
  - Customer Focused Services staff participated in 1029 Conflict Resolution Interventions statewide.
  - In January 2013, the Customer Focused Service published the first quarterly report for quality improvement.
  - The published results of family satisfaction surveys revealed that families are satisfied with DIDD community delivery services.
  - The Rule 31 Mediator/CFS East Region Coordinator developed an intensive six-hour course in *Conflict Management/Dispute Resolution*. The training facilitates meaningful interactions between parties in discord.
  - Eight Conflict Resolution trainings were provided to provider staff and other stakeholders.
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## DIDD OFFICE OF CIVIL RIGHTS

DIDD's Office of Civil Rights (OCR) monitors compliance with federal civil rights laws that prohibit discrimination on the basis of race, color, national origin, sex, age, and disability in programs or activities that receive federal financial assistance. The following federal regulations are monitored by DIDD OCR:

**Title VI of the Civil Rights Act of 1964**, prohibits discrimination on the basis of race, color, or national origin;

**Title VII of the Civil Rights Act of 1964**, prohibits discrimination in employment;

**Subtitle A of Title II of the Americans with Disabilities Act and Section 504 of the Rehabilitation Act of 1973**, [both] regulations prohibit discrimination against otherwise qualified people on the basis of disability;

**Title IX of the Education Amendments of 1972**, prohibits discrimination on the basis of sex (gender) in federally-assisted education programs;

**Section 508 of the Rehabilitation Act of 1973**, prohibits discrimination on the basis of disability in electronic information and technology in federally-assisted programs and activities.

OCR carries out its stated mission through conducting individualized inquiries and follow-up on issues, voluntary dispute resolution, mediation services, compliance reviews, policy development, and providing technical assistance to ensure understanding of and compliance with federal non-discrimination laws and regulations.

### *Highlights and Accomplishments*

- OCR received and reviewed 223 Title VI Self Surveys from DIDD service providers.
- OCR conducted 29 Respectful Workplace Investigations during the reporting period.
- OCR conducted 27 Step One Appeal Hearings.
- OCR conducted 15 Written Warning Reviews

### **People Talking to People Program**

DIDD contracts with The Arc of Tennessee to conduct consumer experience surveys for people supported in DIDD residential and community programs. The Arc of Tennessee developed a survey called "*People Talking to People*" (PTP) in which face-to-face interviews are conducted with people supported and the people who know them best. PTP employs 27 part-time interviewers across Tennessee. Twenty of the 27 interviewers have diagnosed disabilities including Cerebral Palsy, Dilated Cardio Myopathy, general disability from military service, mental illness, Intellectual Disability, Polio, Spinal Muscular Atrophy, and Traumatic Brain Injury. PTP is an innovative program to assure quality services for the people who receive them. PTP is leading by example to promote a more inclusive and



integrated local and statewide community, while continuing to better the support service system as a whole.

*Data for FY 2012-2013*

- PTP interviewers conducted 1498 validated consumer directed interviews during the reporting period.
  - **Respect/Dignity:** Ninety-eight point three percent (98.3%) report that others treat them with respect.
  - **Access to Care:** Ninety-five percent (95%) report needs met in areas such as personal assistance, equipment, and community access.
  - **Community Inclusion:** Ninety-three point two percent (93.2%) report they can participate in activities and events outside their homes when and where they want.

**Volunteer State Health Plan (VSHP) Select Community Nurse Case Management-Consumer Satisfaction Survey**

The PTP program also conducts over-the-phone consumer satisfaction surveys with people receiving nurse case management through Volunteer State Health Plan, Inc. (VSHP). VSHP is an independent licensee of the BlueCross BlueShield Association and a licensed HMO affiliate of its parent company BlueCross BlueShield of Tennessee. Founded in 1993, the Chattanooga-based company focuses on managing care and providing quality health care products, services, and information for government programs.

*Data for FY 2012-2013*

PTP interviewers conducted 786 telephone interviews with people receiving VSHP Select Community Case Management Services. The following data reflects what the interviews revealed.

**Arlington Waiver**

- Ninety-seven point four percent (97.4%) report the Nurse Care Manager answers health care questions.
- Ninety-seven point four percent (97.4%) report the Nurse Care Manager addresses their concerns in a timely manner.
- Ninety-six point seven percent (96.7%) report the Nurse Care Manager services are helpful.
- Ninety-seven point six percent (97.6%) report they know how to contact their “Select Community” Nurse Care Manager.
- On a scale of 1 to 10, where 1 means Completely Dissatisfied and 10 means Completely Satisfied, ninety-four percent (94%) responded between 8 -10 that they are satisfied with the overall quality of the “Select Community” Nurse Care management.

**Non-Arlington Waiver**

- Ninety-four point nine percent (94.9%) report the Nurse Care Manager answers health care questions.
- Ninety-six percent (96%) report the Nurse Care Manager addresses their concerns in a timely manner.
- Ninety-six percent (96%) report the Nurse Care Manager services are helpful.
- Ninety-seven percent (97%) report they know how to contact their Nurse Care Manager.
- On a scale of 1 to 10, where 1 means Completely Dissatisfied and 10 means Completely Satisfied, ninety-six point seven percent (96.7%) responded between 8 -10 that they are satisfied with the overall quality of the “Select Community” Nurse Care management received.

*Success Story*

The Arc Tennessee’s People Talking to People (PTP) Project won The Arc US Participatory Action Research Award. This award recognizes the outstanding accomplishments of researchers who have intellectual and developmental disabilities, and demonstrates the power of research coupled with self advocacy. The People Talking to People (PTP) project assists DIDD with quality assurance and improvement by empowering people supported to give honest feedback regarding the services they receive through participation in a survey.



## DIDD FISCAL AND ADMINISTRATIVE SERVICES

Fiscal and Administrative Services facilitate the operations of DIDD by providing Central Office fiscal support, budget development, contract development and execution, information technology support, facilities management, and specialized services for DIDD HCBS Medicaid Waiver providers as well as general TennCare-related business support. These functions are necessary to support the oversight and multiple programs of DIDD for the benefit of Tennesseans who have an intellectual or other developmental disability.

### *Highlights and Accomplishments*

- Closed FY 2012-2013 on time and within budget.
- Billed TennCare timely throughout the year resulting in the smallest receivable (approximately \$10 million) the Department has recorded in over 15 years.
- Collected 100% of FY 2011 and FY 2012 accounts receivable.
- Enhanced the Department's monthly financial review in order to provide more timely financial information to DIDD management for decision making.
- Completed centralizing fiscal and procurement reporting functions within the DIDD Central Office.
- Continued meeting with the contract review committee to review provider contracts and recommend ending any contract that is no longer useful.
- Settled some longstanding audit findings by making enhancements in the IT area and by revising the DIDD Trust Fund Policy allowing for greater flexibility for individuals served to use their monies while strengthening controls in place to deter loss of monetary assets and personal property.
- Leased unused space at DIDD's Clover Bottom Campus to the Department of Treasury.
- Received design approval for an essential maintenance project at the Clover Bottom campus allowing for restructure of staff in both ICF and Regional Offices.
- Received approval for Project Titan, which will replace DIDD's existing and outdated computer information systems in the areas of demographic data, service authorization, billing data, case management, incident management and investigations.
- Completed the first three phases of the TIMS project which is an inter-agency effort between DIDD and Tricor to share use of an MAS 500 inventory and production management system.
- Successfully implemented a significant number of modifications and improvements to DIDD's electronic billing system including completing federally-required 5010 updates.
- Received recognition for several members of information technology staff who were nominated for the 2013 ITMA Outstanding IT Professional Award.
- Migrated Greene Valley's entire campus to IPT which, at 328 phone lines, is DIDD's largest migration to date.



## DIDD COMMUNICATIONS AND EXTERNAL AFFAIRS

The Office of Communications and External Affairs handles daily stakeholder communications, interdepartmental communications, and participates as an active member of the Governor's Communications and Legislative offices. Additionally, the office provides publications management, talking points/briefing documents, as well as DIDD website design. DIDD Office of Communications and External Affairs is the point-of-contact for all legislative inquiries, requests from news media outlets (both print and broadcast), as well as questions from the public and families regarding the Medicaid Home and Community Based Services (HCBS) Waiver programs. The unit is also responsible for coordinating departmental special events, public relations campaigns, and accommodating any requests to tour its developmental centers: Greene Valley, Clover Bottom or the Harold Jordan Center.

### **Outreach to Families**

DIDD considers family outreach a key component to success in positive relations with the community. Staff is dedicated to provide outreach and training to special educators, people supported, family members, and to respond to legislative inquiries. DIDD participated in statewide special education and advocacy forums, statewide disability conferences, summit fairs, and resource and transition cooperatives. Staff is available for presentations and training upon request by any entity seeking information about DIDD and its services.

One hundred eight statewide family training sessions, resource, and transition fairs held had an overall attendance of at least one thousand (1000) people. These events provide instruction for people seeking services on how to access the DIDD service delivery system. The forums provided information on what people and their families should expect from their assigned state case manager when placed on the DIDD waiting list for services. Additional community resources presented for attendees provide information on support groups and links to websites that would be of use to them.

DIDD responded to 121 federal and state legislative inquiries and 272 citizen inquiries. All inquiries are researched and followed-up with an e-mail and/or phone call within 24 hours. Inquiries are followed until resolution is reached.

### **Communication Planning and Education**

In October 2012, the Commissioner of DIDD completed a five month Statewide Awareness Tour. Individuals who donated their time, talents, and resources in order to improve the quality of life for people with intellectual and developmental disabilities received recognition. During the tour, approximately 30 Tennesseans were presented with Certificates of Appreciation on behalf of Governor Haslam. In January 2013, First Lady Crissy Haslam hosted an Appreciation Luncheon for the 30 individuals who were recognized for their contributions.

**DIDD Speakers Bureau**

Communications and External Affairs Speakers Bureau provided speakers per the request of community organizations to educate the public regarding conservatorship and person centered practices. Approximately 120 individuals attended these events.

**Communication and Legislation**

In April 2013, **House Bill 0531/Senate Bill 0675** known as “Lynn’s Law” passed. This bill makes it illegal to knowingly abandon if the caretaker knows or reasonably should know of the adults mental or physical dysfunction and that the adult is unable to adequately provide for the adults own care. Originally, Tennessee statute only addressed abandonment of a minor and did not address the mental capacity of an individual. In May 2013, Governor Haslam joined with Senator Yager, Representative Powers and the DIDD Commissioner in a public Bill Signing.

*Other bills that effect people with ID/DD that passed this legislative session were:*

**HB 1097 / SB1223 Hospitals and Health Care Facilities** - As introduced, authorizes certain ICF/IID beds to be filled with people from the DIDD waiting list when a death occurs of the person occupying the bed who came from a DIDD developmental center. An amendment requires DIDD to establish a process to determine who from the waiting list will go into the private ICF beds once they become available. The bill took effect July 1, 2013.

**HB 0692 / SB 0555 Guardians and Conservators** - As introduced, revises various provisions relative to court appointed guardians and conservators. Under the bill, there are uniform procedures for placing someone in a conservatorship on an emergency basis. The Tennessee Bar Association recommended the changes after a series of statewide hearings.

**Publication Management**

The Office of Communications and External Affairs is responsible for maintaining the DIDD website and providing promotional materials to the public or for internal notifications. Staff assures the publication of promotional materials including state logos, DIDD slogans, brochures, fliers, and posters for all DIDD programs. Publication Management staff transitioned the Provider Manual into an online web version, produced a *Transition Now* video in conjunction with the Disability Law and Advocacy Center and the DIDD Commissioner’s Statewide Awareness Tour Reception and Video. The ongoing weekly newsletter, *Open Line*, is published weekly on the website. The purpose of the newsletter is to keep DIDD providers and the public informed of issues that are relevant to stakeholders.

**Highlights and Accomplishments**

- Continued prompt stakeholder communication.
- Continued Communications Planning and Education through:
  - Coordinated Departmental special events;





- Facilitation of the DIDD Speakers Bureau which provides core speakers for events that raise public awareness of DIDD's mission, disability issues and services;
  - Initiated public relations campaigns; and
  - Accommodated requests to tour DIDD developmental centers: Greene Valley, Clover Bottom, or the Harold Jordan Center.
- Participated as an active member of the Governor's Communications and Legislative offices, serving as designee contact for all legislative inquiries.
- Maintained positive relations with media outlets and contacts.



## DIDD RISK MANAGEMENT AND LICENSURE

The Risk Management unit within the Office of Risk Management and Licensure responds to and evaluates allegations involving civil and criminal misconduct and fiscal mismanagement arising from a statewide network of over 400 DIDD community providers. This unit also responds to similar allegations involving departmental staff and performs comprehensive annual evaluations and audits of Regional and Central Office functions. DIDD organizational units subject to assessment include state operated homes, Resource Centers, Regional Offices and Developmental Centers. Compliance is evaluated against contract mandates, policy requirements, the Bureau of TennCare guidelines, state statute, and federal Medicaid regulations.

In May of 2012, Governor Haslam recognized that DIDD "...has jurisdiction and control over the intellectual and developmental disabilities facilities of the state, regardless of the names by which the facilities are known." and that "Licensing of these facilities shall be the responsibility of the Department of Intellectual and Developmental Disabilities under Title 33, Chapter 2, Part 4." DIDD began assuming responsibility of licensure responsibilities at that time.

The Licensure unit within the Office of Risk Management and Licensure maintains an office in each grand region of the state. These offices ensure that 200 licensees providing services through more than 600 different licenses are compliant with applicable life safety and programmatic standards.



## DIDD LEGAL COUNSEL AND REGULATORY RELIEF

DIDD Legal Counsel and Regulatory Relief represents DIDD on civil service and human resource issues; handles all DIDD hearings before administrative law judges; maintains and litigates all provider sanctions appeals cases and abuse registry cases; and assists people and their families in obtaining conservators in compliance with court ordered provisions. Staff also assures DIDD compliance with statutory and regulatory requirements, advises DIDD staff on legal matters, and provides interpretation of statutory provisions applicable to DIDD, which includes appropriate legal measures to be taken. Further, the unit also provides litigation support for interagency matters, drafts and reviews department contracts, provides legislative assistance, and oversees the Medicaid Affairs Unit, the Director of Federal Lawsuit compliance and compliance with federal HIPAA statutes.

### **Federal Lawsuit Compliance and HIPAA Compliance**

The Federal Lawsuit and HIPAA Compliance Director works directly with the Attorney General's office to monitor compliance with three federal lawsuits. This position also oversees compliance with federal HIPAA regulations and acts as the Tennessee Quality Initiative (TQI) Director.

#### *Highlights and Accomplishments*

- **Arlington Lawsuit**

September 4, 2012, Judge McCalla issued his "Order denying Defendants' Amended Motion to vacate and Dismiss". U.S. District Court Judge Jon McCalla ordered the parties complete mediation with a Magistrate Judge within ninety (90) days of entry of the order to develop "objective and measurable exit criteria for the dismissal of this action".

As a result of the required mediation with the lawsuit parties and Magistrate Judge Diane Vescovo, an Exit Plan was agreed upon in December 2012. United States District Court, Western District of Tennessee Chief Judge McCalla approved the Exit Plan on January 15<sup>th</sup> and signed the Agreed Order in the Arlington Lawsuit. The agreed implementation time set forth in the Exit Plan is on or before December 31, 2013.

Since January 2013, the State is operating under the Arlington lawsuit Exit Plan and work towards fulfilling the requirements of the Exit Plan continues to progress.

- **GVDC & Clover Bottom Lawsuit**

The Quality Review Panel (QRP) issued their 2012 Annual System Review of Community Services, Settlement Agreement Compliance Report on December 12, 2012. The QRP conducted Annual System Reviews of Clover Bottom Development Center on December 4, 2012 & Greene Valley Developmental Center on January 28, 2013. The Panel noted compliance in a significant number of areas for all both centers.



- **HB v. Emkes**

In 2011, a Confidential Settlement Agreement was filed under seal. The case was dismissed without prejudice. DIDD finished implementing the Confidential Settlement Agreement on November 23, 2012.

- **Health Insurance Portability and Accountability Act (HIPAA)**

The DIDD HIPAA power point presentation has been added to new employee orientation. In addition, HIPAA Compliance reminders were sent to all DIDD Providers and DIDD staff on separate occasions.

### **Medicaid Affairs Unit**

The Medicaid Affairs Unit addresses different areas regarding Medicaid funded services. This unit is responsible for DIDD's application and representation in the Grier Revised Consent Decree and the Preadmission Screening Resident Review process for people either enrolled in or seeking services in programs DIDD offers.

### **Grier Revised Consent Decree**

Grier began as a federal class action law suit which was filed in U.S. District Court on behalf of present and future Medicaid recipients under the name **Daniels v. White**. It claimed that Tennessee's Medicaid Program violated the requirements of the Medicaid Act and the 14th Amendment to the U.S. Constitution. The original Plaintiffs asserted that Tennessee's Medicaid Program failed to provide them with adequate notice and procedural protection upon denial of their claims. These issues were resolved through a consent decree in 1986.

On October 26, 1999, the Grier Revised Consent Decree was entered as the result of a settlement conference. It became effective on August 1, 2000. Primarily, the Grier Revised Consent decree outlines compliance requirements for those entities contracted under the Bureau of TennCare to provide services, which includes DIDD (services which receive federal funding either in whole or in part). It also offers procedural protection to waiver recipients who have experienced a denial regarding these services. DIDD provides Medicaid Waiver funded programming, thus is under Grier compliance requirements.

### *Data for FY 2012-2013*

- Service denials increased to six percent (6%), which is a 1% increase compared to last fiscal year. Thus, ninety-four percent (94%) service requests were approved.
- There was a statewide average of 14 hearings held with the Bureau of TennCare per month.
- There were a total of 10 directives received statewide.

### **Preadmission Screening Resident Review (PASRR) Process**

The Federal Nursing Home Reform Law, Omnibus Budget Reconciliation Act of 1987 (OBRA), requires that a Preadmission Screening Resident Review (PASRR) evaluation be completed on all people prior to



admission to a Medicaid-certified nursing facility (NF). The PASRR screening must be completed for all people regardless of payer source or level of reimbursement for NF services. In accordance with the Rules of the Tennessee Department of Finance and Administration, the Bureau of TennCare, General Rule 1200-13-01-.02(132), March 2012 (Revised), all person-centered PASRR evaluations must properly identify and determine the health care and rehabilitative treatment options that promote quality of life for people with intellectual disabilities and related conditions. DIDD is bound by these regulations to assist in evaluations and service placement for people who have intellectual disabilities.

#### *Highlights and Accomplishments*

- For the FY 2012-2013, 1154 Long Term Care (LTC) TennCare Pre-Admission Evaluation System (TPAES) DIDD PASRR/PAE Level II reviews were completed.
- For the FY 2012-2013, 385 onsite DIDD PASRR Level II evaluations were completed.
- July 2, 2012: The Mission Analytics Group for the Centers for Medicare and Medicaid Services (CMS) included the DIDD person-centered “PASRR Transition and Diversion Considerations” resource materials for community-based planning in collaboration with the Bureau of TennCare and the TN Department of Mental Health and Substance Abuse Services, as a recommended referral source for the State of Hawaii PASRR Program. These resource materials provided person-centered rebalancing and community-based planning options to improve strategies for successfully diverting and transitioning people from nursing facilities in the State of Hawaii.
- Completed the DIDD Regional Office Statewide PASRR training:
  - WTRO: August 16, 2012
  - ETRO: September 18, 2012
  - MTRO: November 12, 2012
- February 4, 2013: Completed the TN 2012 PASRR CMS Annual Report for two mandatory discharge groups: (a) short-term residents who no longer need NF services, but do require specialized services (SS); and (b) residents who need neither NF services nor SS.
- Completed the PASRR Technical Assistance Center (PTAC) Continuing Education Credits sponsored through the Amedco and Mission Analytics Group for the Centers for Medicare and Medicaid Services (CMS). The following PASRR specialty training areas were completed:
  - January 8, 2013: Specialized Services and Case Management - People with ID/DD
  - February 12, 2013: PASRR Level I Disability Screening
  - March 12, 2013: Elder Abuse - Defining This Issue

#### **Money Follows the Person (MFP)**

The Money Follows the Person (MFP) Rebalancing Federal Demonstration Grant was established by Congress under Section 6071 of the Deficit Reduction Act (DRA) of 2005. The MFP Demonstration Grant helps states develop long term services and supports that are person-centered and community based, rather than institutionally based and provider driven. The MFP-DIDD participants are



simultaneously enrolled in the MFP and in the DIDD Waiver for a participation period of 365 days. This provides opportunities for DIDD Waiver eligible people living in ICF/IID facilities and nursing homes to transition to qualified community-based residences. The MFP Demonstration Grant ensures implementation of the integration mandate of the American Disability Act (ADA) of 1990 as required by the Olmstead (1999) decision.

### *Highlights and Accomplishments*

- For the reporting period January 1, 2013 to June 30, 2013, DIDD successfully transitioned 93% (13 out of 14) of the annual transitions required by the Bureau of TennCare for the MFP-DIDD 2013 calendar year.
- June 18, 2013: Completed resubmission of the MFP-DIDD Strategic Plan Transition Goal Report to the Bureau of TennCare. The proposed changes seek to decrease the MFP-DIDD participant transition goals for the calendar years 2014-2016.



## DIDD OFFICE OF PROGRAM OPERATIONS

The Office of Program Operations provides management of the HCBS Medicaid Waiver programs through the development of provider applications, policies and procedures and the provision of technical assistance to contracted providers to ensure compliance with waiver requirements. This office is responsible for provider recruitment, enrollment, and orientation. Furthermore, this unit works with DIDD regional staff regarding provider management issues, oversees the staff training processes provided by contracted community providers and is responsible for training DIDD employees. The unit is also responsible for the Intake Process, maintenance of the waiting list, and case management for people on the waiting list. The unit is directly responsible for the oversight and management of the state funded Family Support Program as well as DIDD's three developmental centers, a number of state-owned and operated community ICF/IID homes located throughout Tennessee, a Resource Center in the West region, and Assistive Technology Clinics which are also located throughout Tennessee.

The Office of Program Operations provides management of the HCBS Medicaid Waiver programs and operation of the state run ICF/IID programs. This unit works with DIDD regional staff regarding provider enrollment, provider management, provision of technical assistance to provider agencies to ensure compliance with HCBS waiver requirements; and oversees the staff training processes provided by contracted community providers as well as ensuring the training of DIDD employees. The unit is also responsible for the Intake Process, maintenance of the waiting list, and case management for people on the waiting list. The unit is directly responsible for the oversight and management of the state funded Family Support Program, the provision of case management to persons enrolled in the Self Determination Waiver, as well as the operation of DIDD's developmental centers and a number of state-owned and operated community ICF/IID homes located throughout Tennessee.

### **Home and Community-Based Services (HCBS) Medicaid Waivers**

As an alternative to services provided in an institutional setting, HCBS Medicaid Waiver programs were developed and are the primary source of supports and services for people with intellectual disabilities who live in the community. DIDD manages three HCBS Waiver programs statewide: the Statewide Waiver, the Arlington Waiver, and the Self Determination Waiver.

The Statewide Waiver and the Arlington Waiver offer residential options providing 24-hour direct support whereas the Self Determination Waiver program does not. In January 2013, Intensive Behavior Residential Support (IBRS) was added as a new residential service option in the Statewide and Arlington Waivers. Another new residential option, Semi-Independent Living Services was added at the same time in the Self Determination Waiver. In this service people live independently with only intermittent direct support but have access to residential staff on a 24 hour basis. It is the first time a



residential service has been available in the Self Determination Waiver. Additional information on the Self Determination Waiver follows this section.

Examples of services in the Statewide Waiver program and the Arlington Waiver program include:

- Support Coordination
- Residential Services (Residential Habilitation, Supported Living, Family Model Residential Support Medical Residential and Intensive Behavior Residential Support.
- Day Services (Employment, Community Based Day and Facility Based Day)
- Behavior Services
- Physical, Occupational and Speech Therapy Services, Nursing and Nutrition Services, Orientation and Mobility Services
- Respite Services and Behavior Respite Services
- Personal Assistance
- Transportation
- Specialized Medical Equipment and Supplies
- Environmental Accessibility
- Personal Emergency Response System

## **Tennessee Self-Determination Medicaid Waiver Program**

The Self-Determination Waiver program offers services to people with intellectual disabilities who have moderate service needs. A cost-effective array of services complements other supports available to them in their homes and communities. In addition to Case Management services provided by DIDD, people may be eligible to receive the following services through the Tennessee Self-Determination Waiver program:

- Day Services (Employment, Community Based Day and Facility Based Day Services)
- Semi Independent Living Residential Support
- Behavior Services
- Physical, Occupational and Speech Therapy Services, Orientation and Mobility Services, Nursing and Nutrition Services
- Respite and Behavioral Respite Services
- Personal Assistance
- Transportation
- Specialized Equipment and Supplies
- Environmental Accessibility
- Personal Emergency Response System



**DIDD Waiting List**

DIDD manages a waiting list for people seeking HCBS Medicaid Waiver services. Persons assessed are prioritized to receive services based on the most critical of needs (crisis, urgent, active and deferred). Each of the four categories of need have specific criteria applied to a person's unique situation. People in the crisis category are given priority for the HCBS Medicaid Waiver program enrollment. Enrollment is contingent on approved funds available for the program.

FY 2012-2013 began with a statewide waiting list of 7,193 people and ended with 7,165 on the list. This was a net decrease of 28 people. At the Regional level, the East Region held the largest portion of the list with 2,539 people, the Middle Region had 2,225 and the West Region had 2,401 people on their list.

**Case Management Services**

Case Management services are available to people on the DIDD Waiting List. DIDD employees provide Case Management services and information about DIDD programs and supports. In addition, staff provide assistance in completing eligibility application forms, gather information to assess service needs, connect people to generic community services, provide ongoing contact and assistance as needed or requested, and refer people to advocacy organizations and support groups as needed or requested.

**DIDD Medicaid Waiver Residential Supports**

DIDD offers a variety of residential settings to meet the needs of people in the HCBS Medicaid Waiver programs. Below are the six basic types of residential supports available and the most distinct differences between the types of services under each model.

**Residential Habilitation:** requires that no more than four people live in the home unless the home was in existence prior to July 1, 2000. The provider owns or rents on behalf of the people living in the home. Room and board charges are applicable but the monthly charge can be no more than eighty percent (80%) of the year's maximum Supplemental Security Income (SSI) payment. Each home is licensed.

**Supported Living:** provides more individual control of the home in which three or fewer people reside. People supported have assistance to rent or own the dwelling of their choice, pay their own bills, choose housemates and participate in the selection of their staff. Supported living represents the largest number of people receiving a residential service. A housing inspection is required initially and at regular intervals thereafter. The provider must obtain a license to provide the service.

**Medical Residential:** is a specialized residential habilitation or supported living service for people who require skilled nursing services on an ongoing basis. This service requires additional licensing by the Department of Health for the medical component. The home would be either licensed or inspected as required.



**Family Model Residential Services:** are modeled after the adult foster care program. People supported live in the home of the caregiver family. Room and board charges are applicable but can be no more than seventy percent of the year's maximum Supplemental Security Income (SSI) payment. No more than three people are supported for this service in the home. For children under 18 in a Medicaid Waiver program, it is the primary residential service available and the service of choice for a minor. This service is well-suited to meet the needs of adults as well and generally provides greater consistency and longevity of caregivers. The contracted provider is licensed for the service and subcontracts with the families that provide the service.

**Intensive Behavioral Residential Service:** is a new clinical treatment model designed to meet the specific needs of people who have exhibited high-risk behavior, placing themselves and or others in danger of harm. This program is designed to be flexible enough to respond to the changing needs of the people supported and the level of risk presented by the person's current behavior. Generally, it is not an indefinite, long term, residential support service. A person with high-risk behavior who is involved in this program will have opportunities to develop healthy and meaningful relationships with others. Each home is licensed and operated as a Residential Habilitation Facility and is no larger than a four-person home. Admissions to this program are reviewed and approved by committee chaired by the Central Office Director of Behavioral and Psychological Services.

**Semi-Independent Living Services (SILS):** is a new residential service for people who need intermittent or limited support to remain in their own home and do not require staff that lives on-site. However, access to emergency supports as needed from the provider on a 24-hour basis is an essential component of this residential service and is what differentiates it from Personal Assistance services. Semi-Independent Living Services providers are required to be licensed to provide this service. SILS homes must pass the same Housing Inspection as Supported Living homes. This residential service is available only through the Self Direction (SD) Waiver.

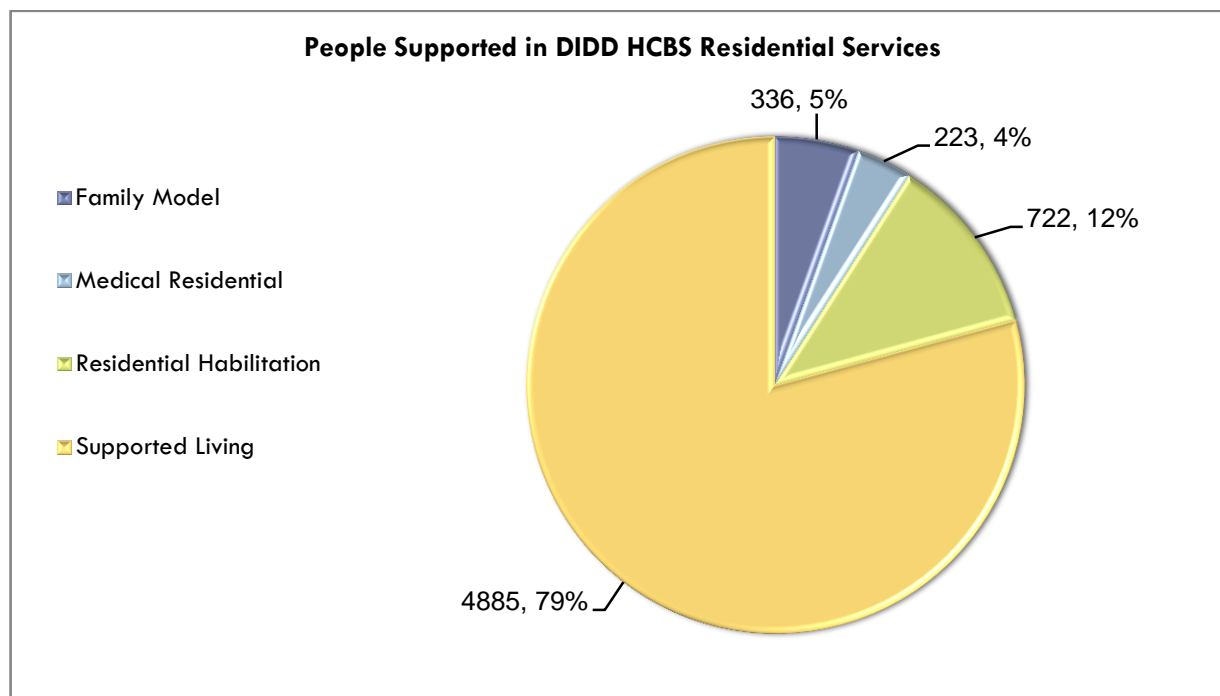
**In-home Day Services:** is a new service in which services are provided in the person's residence if there is a health, behavioral, or other medical reason or if the person has chosen retirement or is unable to participate in services outside the home.

#### *Highlights and Accomplishments*

- DIDD is continuing in the implementation of the Supports Intensity Scale (SIS) as the uniform assessment that was begun in 2012. It will take until 2015 for all persons supported to have completed their first SIS assessment. Thereafter, the assessment will be completed every three years or as the person's circumstances change.  
As of July 1, 2013, the Executive Director of the West Tennessee Housing Foundation was hired. The Foundation is a non-profit organization that acquires housing for people with developmental disabilities in the West region. It is anticipating the development of a web site to let agencies know of the services being developed and to the purchase of the first home.

**Chart 1: People Supported in HCBS Residential Services FY 2012-2013**

The chart below shows the number of people per residential service. The total number for the year was 6166.



Note that Intensive Behavioral Residential Services, Semi-Independent Living Services (SILS) and In-home Day Services did not have people supported as these services were under development.



## DIDD EMPLOYMENT SUPPORTS

DIDD believes in a strong workforce for people with intellectual disabilities. The Employment First State Leadership State Mentor Program (EFLSMP) grant received in April 2012 intensified during FY 2012-13. The overarching goal of the EFLSMP is to increase the number of Tennesseans with disabilities who are employed. Community partnerships with sister state agencies, such as the Department of Labor and Workforce Development, Department of Education, Department of Mental Health, Division of Rehabilitation Services, the Council on Developmental Disabilities, and community stakeholders continue to be strengthened with a common goal to start a partnership for an Employment First State Leadership Program.

Under the EFLSMP grant, in addition to receiving technical assistance from national experts in employment of persons with significant disabilities, Tennessee is receiving mentoring from officials in Washington State, which received an EFLSMP grant to mentor all three Protégé States. Each of the three Protégé grantees is being assisted to develop and implement their strategic plan and has access to on-site, customized technical assistance from national subject-matter experts to help them achieve their goals.

In addition, DIDD continues to convene the Tennessee Employment Consortium (TEC) on a quarterly basis to gain insight into opportunities and challenges. Composed of a wide array of partners, TEC has served as employment advisory board to DIDD for a decade. To promote employment for people who receive DIDD services, as well as for all Tennesseans with disabilities, DIDD is the central point of coordination for the Tennessee Ticket to Work Initiative and is working directly with the Social Security Administration's Office of Employment Supports Program to increase the use of the Ticket in Tennessee.

### **Employment First Executive Order**

On June 19, 2013, Governor Haslam signed the Executive Order that supports Tennessee's Employment First initiative to increase integrated employment opportunities for people with disabilities. It directs all State agencies to coordinate efforts to increase opportunities for integrated and competitive employment for Tennesseans with intellectual and developmental disabilities, mental illnesses, substance abuse disorders and other disabilities. The order also requests that the formation of a Governor's Employment First Taskforce be executed to further develop essential components of the initiative. The Order was created with input from DIDD, the Department of Mental Health and Substance Abuse Services, the Department of Human Services, the Department of Education, the Department of Labor, the Council on Developmental Disabilities, Vanderbilt Kennedy Center, the Bureau of TennCare, The Arc of Tennessee and the Disability Law and Advocacy Center.



DIDD is proud to have worked with so many dedicated and capable leaders within the state and community to produce this affirmation of a collective resolve to ensure that the opportunity and benefits of gainful employment are offered to all Tennesseans with a desire to work.

From the Employment First initiative, an Employment First Task Force was created. The task force contains representatives from partner agencies such as the Department of Labor and Workforce Development, the Department of Education, the Department of Mental Health, Division of Rehabilitation Services, the Council on Developmental Disabilities, Vanderbilt Kennedy Center (AIDD grantee), Disability Law and Advocacy Center, the Bureau of TennCare, and the University of Tennessee Center for Literacy, Education and Employment. Additionally, the task force is also comprised of a parent advocate, a self-advocate, a representative from The Arc, and an individual from a provider agency. The task force was solely formed to identify four target areas. The goals are:

- To identify state agency policies and procedures that create barriers for employment;
- Review and consider recommendations that the Office of Disability and Employment Policy;
- Develop training on disability employment; and
- To identify best practices and effective partnerships through sources of available blending and braiding of funding. The task force meets on a quarterly basis and reports to the Governor annually.

*Highlights and Accomplishments:*

- In September 2012, the Department held an Employment Conference, “Realizing Potential: The Power of Competitive Employment”.
- DIDD partnered with Disability Resource Coordinators from the Local Workforce Investment Area (LWIA) to conduct presentations and provide training opportunities for submitting Employment Network applications.
- DIDD collaborated with the University of Tennessee Knoxville to implement a data collection system called the Tennessee Longitudinal Data System. This collection system will collect data that represents progress and accurate numbers of people that are transitioning from sheltered workshops to integrated employment.
- Successfully partnered with local Vocational Rehabilitation offices through the triage of referrals.
- Coordinated with partner agencies to develop parent coalitions at our pilot sites (Rochelle and SRVS).
- Created an Employment First Provider Group that provides feedback on waiver service rates. Input is vital and will be very helpful to restructure rates.

*Employment Success Stories*

- Bill participates in Emory Valley Center's Supported Employment program. On May 15, he began employment with Comfort Inn as Houseman Facilitator. Emory Valley President shared that Bill loves his job and is excited to work each day. Bill works 20 hours per week, 5 days a week. His job duties include keeping the lobby, stairwells, conference rooms, elevators, parking lots and restrooms clean, as well as vacuuming halls, checking fire extinguishers and taking the garbage out.
- True success is earned not given and Michael S. is an example of the great success that can be achieved with hard work and determination. In April 2012, Michael reached out to St. John's Community Services to assist in finding gainful employment. Through employment supports, on June 15, 2012, Michael was hired as a stocker for a grocery store located in Martin, Tennessee. Michael began working an average of fifteen to twenty-five hours a week at the store and began making new friends. A month into his job, Michael encountered personal circumstances that limited his hours and placed him in jeopardy of losing his position at the store. St. John's Community Services diligently worked with Michael and his supervisor to overcome the obstacles he was facing on the job. In April 2013, Michael received a promotion from Stocker to Produce Manager. He viewed his new position as not only a job, but rather as an opportunity to develop a career. Michael took the produce department to new heights by increasing the overall sales and profits of the store by three percent. Michael now works an average of forty-five hours a week and has the opportunity to participate in his employer's benefits package which includes a profit sharing program for employees. His supervisor stated, "I don't know what I would do without him. Michael helps in every department of the store. He calls ahead of time to offer assistance on jobs at hand or to share thoughts on merchandizing to bring forth the very best for the store." Michael recently expressed, "I am glad I was given a second chance through St. John's Community Services to work and prove myself, and I am really thankful for my supervisor for believing in me. I now have dreams and goals set for my future. One day, I may even become a Store Manager."
- Christopher has been on the waiting list in West Tennessee for six years. During his wait, Christopher has successfully become a productive citizen in our society. With assistance from Christopher's DIDD case manager and his mom he has been able to secure a job with AT&T. Christopher has been an employee of AT&T for a year and a half. He has also been able to move out of his parents' home and into an apartment with his brother. On December 5, Memphis Goodwill honored AT&T and Versant Supply Chain during a special half-time presentation at the University of Memphis' Tigers basketball game. The businesses were honored with "Business Partner Pillar Awards," which recognized their



partnerships in hiring people who have been trained in Goodwill vocational programs. In recognition of his work at AT&T, Christopher received an autographed basketball.

- Thomas attended the Tennessee School for the Blind and received services from a number of providers before he started his own microboard. A prior vocational rehabilitation evaluation made it clear that a very special employment opportunity is needed in order for Thomas to be a success. His microboard decided to try helping him with self-employment and his conservator thought that an "honor snack basket" might be something he would enjoy. Thomas's new Services for the Blind Vocational Rehabilitation counselor worked with the Tennessee Association of Microboards and Cooperatives to help them work with his microboard to establish a sole proprietorship business. Thomas's microboard hired a great job coach to help get Thomas and his business off to a great start. Thomas and his team all wear the same uniform to emphasize that he is working to make money just like everyone else. One of the members of Thomas's microboard introduced Thomas to an architectural firm in downtown Nashville. They became Thomas's first customer providing a business relationship in which he can sell his goods. Self-employment is a really good option for Thomas because his health issues can put him on the sidelines from time to time. His schedule has enough flexibility to keep him working and his customers happy.
- James, age 50, is currently supported by Orange Grove Center. In 2003, James began working at North Side Dry Cleaning Company as a Pressing Machine Operator where he worked 35 to 40 hours a week. When the position ended in 2004, he had the opportunity to demonstrate his work ethic at Warner Park Recycling Center five days a week. His responsibilities included cleaning the office area, floors, windows, and maintaining other areas of the work site. He also greeted customers and assisted visitors in separating items with a smile and a "can do" attitude. Most of the repeat customers always asked for James. In June 2010, he was laid off from Warner Park when it closed for road repairs. At that time, he asked if there was a job opening anywhere. Tennessee Valley Authority (TVA) had an opening for a part-time job as a Recycle Tech. He was excited about the opportunity to contribute to the employer and support his co-workers. He continues to work at TVA four hours a day, five days a week making \$9.70 per hour, but when another part-time job came open at the Courtyard Marriott as a Laundry Assistant at \$8.00 per hour, he gladly accepted it. James has a great positive attitude and is enjoying working at both jobs successfully. James has always enjoyed being productive, but balances his life and days with other interests. He loves sports and is an excellent athlete. He is a gold medalist in the State Special Olympics basketball competition. He is also a gold medalist in snow skiing as well as the 50 and 100 yard dash in track and field. James loves hard work, competition, and has many friends in the community. He is truly an inspiration to everyone he encounters.



## DIDD TENNESSEE FAMILY SUPPORT PROGRAM

In 1992, at the urging of disability advocates and families, the Tennessee legislature established the Family Support Program. The program is funded by state dollars and designed to assist people with severe disabilities and their families to remain together in their homes and communities. Family Support is not a substitute for long term services provided through HCBS Waiver programs, the Bureau of TennCare, Medicare, or private insurance.

The primary purpose of the program is to support:

- Families who have school-aged or younger children with severe disabilities.
- Adults with severe disabilities who choose to live with their families.
- Adults with severe disabilities not supported by other residential programs funded by state or federal funds.
- Services can include but are not limited to: respite care, day care services, home modifications, equipment, supplies, personal assistance, transportation, homemaker services, housing costs, health-related needs, nursing, and counseling. Services are flexible and responsive to families and their needs. An essential element of the Family Support Program is family and people supported involvement. Local and District Councils have been established and meet on a regular basis to oversee and provide advice on the distribution of local services.

### *Highlights and Accomplishments*

- On August 14<sup>th</sup> the DIDD Commissioner recognized and presented appreciation certificates to Council members across the state that have volunteered their time since the inception of the program (20+ years). Also, the Commissioner shared a letter from First Lady of Tennessee, Crissy Haslam, giving her appreciation for their dedication to support families in Tennessee.
- The Tennessee Respite Coalition received a federal grant to serve families across the state. For a second year in a row they graciously invited the Family Support agencies to refer families for respite funding. Families can receive up to \$600 for respite care.
- During FY 2012-2013, 4,097 surveys were sent to families in the program. There was a forty-six percent return with positive responses noted.
- On January 29<sup>th</sup> and 30<sup>th</sup> families attended a reception for the Legislators and Disability Days on the Hill to thank the Legislators for their continued support for the Family Support Program.
- Due to advocacy efforts from families/council members/community agencies, the Family Support Program budget for next year is funded at \$7.3 million in recurring funds.

### *Data FY 2012-2013*

- For FY 2012-2013, 4,753 people received assistance through the Family Support Program.
- The average expenditure per individual was \$1,320.





- There were 3,671 people waiting for Family Support Program services.
- The most widely utilized service is respite care.

### *Success Stories*

"Family Support helps families that deal with special children. Major expenses and more time per exceptional child can cause financial difficulties to the family. The support gives us a little breathing room, relief to the parents, and allowing peace/rest/support to the whole family. Thank you for keeping this program alive."

Dickson County

"Having a child with cerebral palsy, comes many, many expenses. Not only do we have medical expenses, but expenses for supplies. This helps pay for this. Our insurance does not pay for nursing either, so to be able to have some money for respite makes a difference in our family's life."

Jefferson County

"I cannot begin to tell you how much this money means to me each month. I am able to pay a sitter for a couple of days a month to get away and take care of no one but me. This means so much to me. I love my daughter very much, but I love her even more when I am away from her for a few days. Thank you!!!"

Knox County

In July of 2011, a mother's son was able to realize his life-long dream of moving into a one-bedroom apartment. In addition, he also obtained a full-time job at Erlanger Medical System and no longer receives SSDI assistance because he wanted to work full-time and was willing to cut his income almost in half to get off assistance.

Mom stated, "Without the supervision, the motivation and organizing and prompting of the wonderful support people he gets through Family Support, he would still be living at home, with no job, because we live in the country and there is no bus service. The most important part of his life is in place-he is independent! How can you ask for a better goal, a better outcome than that?"

She concluded, "So to all the legislators, I would like to say a big 'thank you.' I work full-time at my own job and none of my son's independence would be possible without Family Support."



## DIDD REGIONAL OFFICES

DIDD maintains Regional offices in each grand region of the state. Under the management of the Office of Program Operations, each Regional Office is supervised by a Regional Director.

The West Tennessee Regional Office (WTRO) has two offices. The primary Regional Office is located in Arlington while a satellite office is located in Jackson. The Middle Tennessee Regional (MTRO) has one office located on the Clover Bottom campus in Nashville. The East Tennessee Regional Office (ETRO) has four offices. The primary Regional Office is located in Knoxville while satellite offices are located in Chattanooga, Johnson City, and Greeneville.

### **Regional Office Organization**

#### **Administrative Services Unit**

The areas of responsibility for Administrative Services Unit in the Regional Office include human resource functions and working with providers when payment claims are denied or additional information is needed to process claims. Units review and authorize service requests identified in the Individual Support Plan, which is required for all people enrolled in the HCBS Waiver programs. These units also provide appeal notices when service requests are denied. Health information for people supported is managed through this unit as well for both state operated ICF/IID facilities and HCBS Waivers programs. Finally, this unit also assures that Facilities Management is provided for all state properties utilized by DIDD.

#### **Case Management and Transition Teams**

Case Management is provided in each region by state employed case managers. Case Managers provide people and families with information regarding DIDD programs and services, assist in finding services, and assess the person's service needs. In addition, for people enrolled in the Self Determination Waiver program the Case Manager coordinates paid and non-paid services developing and monitoring the Individual Support Plan.

Transition Teams monitor and implement a person's transition from one residential setting to another, or from a Developmental Center into the community. Transition Teams conduct reviews to ensure compliance with all applicable lawsuit and DIDD requirements.

#### **Regional Provider Support Team**

The Regional Provider Support Team (RPST) provides support for new providers as they begin to provide services. The team follows up with providers on DIDD quality assurance surveys to focus on overall system improvement. The RPST, under the direction of the Regional Operations Director, coordinates technical assistance activities for providers that perform below acceptable compliance in the health and safety domains monitored by Quality Assurance. They also provide technical assistance in DIDD requirements for any domain if requested by a provider. Each Regional Quality Management



Committee (RQMC) reviews performance data and makes decisions regarding actions to be taken for agencies requiring assistance. All quality management system partners are responsible for follow-up activities to ensure implementation of corrective actions.

**Compliance Unit**

The Regional Office Compliance Unit collects information and data from quality assurance surveys, investigations, and incident reports for input into the provider data management reports to analyze and measure success in achieving outcomes and identify improvements. Units monitor court requirements with provider compliance submitting data to central office compliance staff who compile statewide data reports for DIDD management. Regional Compliance units are also responsible for implementing the DIDD mortality review process.

**Protection from Harm Unit**

The Regional Office Protection from Harm (PFH) Unit and Investigation Follow Up Unit track all substantiated investigations of abuse, neglect and exploitation of providers. The unit ensures that the provider's responses are followed to a resolution per the corrective action plan. The unit also conducts monthly reviews of PFH profiles and other data reports as part of the Regional Abuse Neglect Prevention Committee (ANPC). The Regional Office PFH Incident Management Unit provides technical assistance in PFH matters to Provider Incident Management Directors, provides training in Protection from Harm upon request to provider staff, prepares Provider PFH Profiles, initiates Under-reporting audits, reviews reported incidents and follows up as needed.

**Person Centered Practice Units**

The Regional Office Person-Centered Practices Unit enhances efforts to support people with disabilities to increase their personal self-determination and improve independence. The unit is available for assistance in requested Person-Centered Facilitation when people are experiencing dissatisfaction of services, potential discharge from services, barriers to service delivery, new to services, transition from mental health or nursing home, and/or high-risk issues to include medical, behavior, communication, mental health or incarcerations. The staff also assists Person Centered Organizations.

**Accreditation Team**

The Regional Accreditation Team reviews DIDD's progress toward becoming the first accredited state service delivery system of the Council on Quality Leadership (CQL). The team follows DIDD initiatives of placing people supported at the center of planning, policy and program practices of DIDD.

**Staff Development Unit**

The Staff Development Unit coordinates and administers required and supplemental training for both DIDD staff and network provider staff. Classroom training is offered to ensure a robust qualified and competent workforce exists for supporting people with disabilities who are supported by DIDD.

**Clinical and Operations Unit**

Regional Clinical Units consult with providers for proper treatment and care of people supported in the HCBS Waiver programs in areas that include nursing; nutrition; vision; dental; behavioral; speech, language, and hearing; orientation and mobility, occupational therapy; and physical therapy.

*West Tennessee Regional Office Highlights and Accomplishments*

- Planned and successfully implemented an initiative to provide education, consultation and technical support on strategies for reducing the use of psychotropic medications for 56 nursing homes supporting class members with intellectual disabilities in West TN.
- Implemented a tracking and reporting system for facilities management in West TN, taking into consideration regulatory requirements, preventative maintenance needs, grounds maintenance and scheduled cleaning needs in order to increase efficiency and custom satisfaction.
- Six buildings on the Arlington Campus were completely vacated, achieving consolidation of existing functions and staff resulting in a reduction in operating costs.
- All West Tennessee Region employees (Regional Office, Resource Center, and West Tennessee Homes) were trained in Person Centered Practices by December 2012.
- Implemented strategies within the West Region achieving a 12% reduction in the average number of days needed for Home and Community Based Waiver enrollments.
- Partnered with educational institutions to implement Occupational Therapy Field Work study at both levels I and II at the West Tennessee Resource Center.
- Implemented the Tricor Inventory Management System within the West Tennessee Resource Center.
- Implemented Arlington Litigation Exit Plan strategies for Potential At Risk Class Members.

*Middle Tennessee Regional Office Highlights and Accomplishments*

- Middle Assistive Technology (AT) worked with central office to develop a statewide standardized contract to be used with colleges and universities desiring to develop clinical affiliation partnerships with DIDD for allied health students.
- Implemented an Accounting and Manufacturing Enterprise Resource Planning system into the three Assistive Technology Clinics in order to improve inventory control and account for and manage manufacturing cost.
- Director of Therapeutic Services and the Assistive Technology Clinic Director in Middle TN presented at the International Seating Symposium held in Nashville TN in March 2013.
- The Intake Unit assisted the first enrollment into the Semi Independent Living service now available in the SD Waiver.
- Fifteen providers in Middle Tennessee have been trained in Personal Outcome Measures.
- Five providers have participated in Basic Assurance (BA) Reviews.



- The Person Centered Practices Unit has participated in twenty-one (21) person centered practices facilitated meetings in an effort to help providers develop person centered action plans to assist with helping people have better lives.
- MTRO partnered with Supports Associates and two providers during the Person-Centered Organization Project.
- Staff Development has trained eight hundred and forty one (841) people in various trainings.

## *East Tennessee Regional Office Highlights and Accomplishments*

- DIDD performs remediation compliance reviews for people enrolled in Home and Community Based Waivers. East Tennessee had the following cumulative compliance scores for fiscal year 13:
  - One hundred percent (100%) for the Arlington Waiver (4 reviews);
  - Ninety-seven percent (97%) for the Statewide Waiver (140 reviews); and
  - Ninety-nine percent (99%) for the Self Determination Waiver (68 reviews).
- One hundred percent (100 %) of Regional Office staff completed training in Person Centered Thinking. A refresher training curriculum was developed.
- Regional Therapeutic Services Team and Regional Day Services Coordinator partnered to present Meaningful Day Training to 191 staff from 16 agencies.
- During the FY 2012-2013, regional nurses conducted 110 medication training classes (1,644 participants); 61 initial classes (671 participants); and 49 recertification classes (973 participants).
- Eight people moved out of GVDC in 2012-13. Three people moved to Private ICF's, three people moved into East TN Community Homes and two people moved into HCBS homes.
- Agency contacts were initiated by the Person Centered Practice Unit to obtain an agency perceived baseline with implementing person centered tools.
- A Person-Centered Facilitation process was developed and implemented for people experiencing dissatisfaction of services, potential discharge from services, barriers to service delivery, new to services, transition from mental health or nursing home, and/or high risk issues to include medical, behavior, communication, mental health or incarcerations.



## DIDD DEVELOPMENTAL CENTERS

DIDD operates two Developmental Centers certified as Intermediate Care Facilities for Individuals with Intellectual Disabilities (ICF/IID): the Clover Bottom Developmental Center located in Nashville and Greene Valley Developmental Center located in Greeneville, Tennessee. These Developmental Centers are Medicaid certified facilities that provide 24-hour residential care to support and maintain the physical, intellectual, social, and emotional capabilities of people with an intellectual disability. A third facility in Nashville, the Harold Jordan Center, is a smaller residential program that provides specialized services.

The Developmental Centers are primarily responsible for ensuring the daily health, safety, and welfare of people who reside there, while also providing for their daily services and supports. The services typically provided are personalized care, self-help training, ambulating, communication and socialization skills, intensive care for personalized habilitation training in self-help, language development, and motor skills for people with intellectual disabilities. Medical treatment is also provided to people who live at the facility.

### **Clover Bottom Developmental Center**

#### *Highlights and Accomplishments*

- Continued community-based day services, and augmented with contracts with two community-based waiver service providers (Evergreen Life Skills and The Rochelle Center).
- Successfully implemented a targeted Dental Desensitization Program with significant improvements across participants.
- By June 2013, ninety-five percent (95%) of people supported were members of at least one community organization.
- Sixty-three percent (63%) of people supported were referred for an advocate through the ARC of TN.
- Ninety-eight percent (98%) of people supported had family involvement in the Individual Support Planning process at some point through the year.
- Individualized Nursing Care Plans and Health & Treatment Plans were developed and implemented for all people supported.
- Achieved recertification as an ICF/IID with the fewest findings ever cited for a developmental center in Tennessee.
- Successful shift from facility-based to daily community-based activities for people supported.
- Staff were trained in Person-Centered Thinking and implemented tools routinely in individual and systems meetings.



- Implementation of a new person-centered Individual Support Plan and Progress Review process.
- Completed the transitions of all people moving to HCBS Waiver programs or private ICF/IID providers.
- Consolidated all on-campus living arrangements to four homes.

### **Greene Valley Developmental Center**

#### *Highlights and Accomplishments*

- The Learning Tree was implemented in FY 2012-2013. The Learning Tree provides alternative learning activities for people in their homes.
- Forty-nine employees completed the 2-day Person Centered Thinking course during this period. Twenty-three employees have completed the PC Coaches course.
- Received re-certification as an ICF/ID facility, and received a positive survey from Licensure.
- Implemented the reorganization of records with the Health Information Management System.
- Nine people transitioned from Greene Valley into homes in the community.
- Satisfaction Surveys returned with a ninety-seven percent (97%) satisfaction rate.
- GVDC has established a Medical Safety Officer and an efficient management system for Medication Variances that has resulted in a very significant reduction in Variances.
- Three ladies who live at GVDC became a member of Greene Valley's March for Babies Team and raised \$1,174 in less than a month's time
- A Race Day held hosted 250 visitors bringing 175 vehicles to the campus. This is one of the largest car shows in the local community.
- Representative of the Advisory Committee presented school supplies collected during a supply drive to Chuckey Elementary School students.
- Greene Valley Advisory Council (people who live on campus) sponsored military care packages for three military persons serving overseas during the Christmas Holidays.
- People supported and staff participated in the "Cards for the Holidays" a project of the American Red Cross in its efforts to get Christmas cards to those who were away from home during the holidays.
- Greene Valley celebrated its 14<sup>th</sup> year of providing Christmas presents for foster children in the custody of the Greene County Department of Children's Services.
- Allen Johnson, 2012 National Hot Rod Association Pro-Stock Champion, visited with people who live in Rosewood Cottage. Two gentlemen were invited to the Allen Johnson Racing Garage in Greeneville where they toured and spent time with the Johnson engine builders.
- Advisory Council participated in several community projects including Greene County Food Bank donation at Christmas, Book Drive for Greeneville/Greene County Library in April, and March of Dimes walk in April.



- Greene County Election Commission employees conducted first voting poll. Six registered voters voted at the poll. One person served obtained photo ID and voted early at the Greene County Election Commission office.
- Forty-six percent (46%) of people served receive individualized services by the Advocacy Department.

### **Harold Jordan Center**

The Harold Jordan Center (HJC), located on the Clover Bottom Developmental Center campus, provides 24-hour residential services to adults with intellectual disabilities with serious psychiatric and/or behavioral conditions who have had significant difficulty residing in the community. Some people supported at HJC have active legal charges and were admitted for the evaluation and training of their competency to assist in their own defense. Others supported at HJC are being assisted to develop the skills to return to a safer life with needed supports and services in the community.

In FY 2012-2013, the Harold Jordan Center (HJC) was successfully converted for three service programs. The physical building and program areas went from a 32-bed, secure, forensic-only program to house three separate programs. The Forensic Assessment Unit remains a secure program in one part of the building to provide competency evaluation and training for up to eight people. The Behavior Stabilization Unit (BSU) is a secure program in a separate portion of the building. It is designed to serve up to four people who have been experiencing great turmoil in their community lives due to their psychiatric and/or behavior health conditions. The purpose of the BSU is to provide the necessary supports for the person's condition to stabilize while working with the external Circle of Support to build in similar supports in the community by the time of discharge. The third HJC program is Day One, a 12-bed non-secure program in a separate part of the building for people with significant ongoing behavioral challenges requiring high structure and supervision throughout their day.





## DIDD HOMES

DIDD provides residential community Intermediate Care Facilities for Individuals with Intellectual Disabilities (ICF/IID) homes that provide 24-hour support and maintain the physical, intellectual, social, and emotional capabilities of people supported. These homes are located in typical communities throughout the state. The homes meet all applicable federal and state code requirements for ICF/IID homes, are wheelchair accessible, and have the added safety measure of fire sprinkler systems.

State employees are responsible for ensuring the daily health, safety, and welfare of people supported, while also providing daily services and supports. The services typically provided include personalized care, self-help training, ambulating, communication and socialization skills, intensive care for personalized habilitation training in self-help, language development, sensory stimulation, and motor skills.

### **West Tennessee Homes**

In West Tennessee, there are 12 homes with up to four people living in each. The ICF/IID homes are located in residential neighborhoods in the Arlington area.

#### *Highlights and Accomplishments*

- Achieved a record high score of 30 on the Federal Court Monitor's Community Status Review; demonstrating both an increase in quality and efficiency simultaneously.
- West Tennessee Homes' admission process was improved to ensure vacancies are filled within 45 days of occurrence.
- A Consumer Satisfaction Survey was implemented for West Tennessee Homes with a satisfaction rating of ninety-three percent (93%).
- All West Tennessee Homes employees were trained in Person Centered Practices by December 2012.

### **Middle Tennessee Homes**

The Middle Tennessee ICF/IID homes will be located in residential neighborhoods in the Nashville area. Phase One for building the first of four homes began in FY 2012-2013.

#### *Highlights and Accomplishments*

- Staff and people supported have been making trips to the Middle TN Homes under construction to familiarize themselves with the area and the layout of the homes to which they will transition.
- Families and conservators have had input on the addresses, housemates, and décor of the homes to which people will transition.

**East Tennessee Homes**

In East Tennessee, there are 16 four-person community-based ICF/IID homes. The ICF/IID homes are located in community neighborhoods.

*Highlights and Accomplishments*

- East Tennessee Community Homes (ETCH) met one hundred percent occupancy in 13 homes in Greeneville/Greene County. All the homes have achieved ICF/IID certifications.
- The 2011 and 2013 reviews of the home program by the court-appointed Quality Review Panel yielded substantial compliance and an overall score of 95 for both reviews.
- Internal satisfaction surveys indicated ninety-nine percent (99%) percent of families were satisfied with the care their family member is receiving.
- In addition to Greene Valley Developmental Center, the Parent-Guardian Association has partnered with ETCH.
- Statewide public ICF/IID facilities have implemented Person Centered tools in the Individual Support Planning process. ETCH developed a committee review process to continually address quality improvement activities surrounding the Individual Support Plan.
- The ETCH Nursing Department initiated a partnership with local college programs to promote nursing experience with people with intellectual disabilities. Student nurses shadow veteran nursing staff within the program to offer a glimpse into nursing in a community life program.
- ETCH is currently tracking employment data using definitions provided through the DIDD Employment Data Collection Tool. Fifty-three percent (53%) employment was achieved for May 2013.



## DIDD STAFF AND PROVIDER DEVELOPMENT

### Staff Development

DIDD believes that solid training systems build strong provider networks. Our providers have trained staff through both classroom training and a nationally recognized web-based learning management system. DIDD offers cost free training options to contracted provider staff. During FY 2012-2013, the Department issued a request for proposals as our contract with College of Direct Support (CDS) expired. Transitioning to a new vendor Relias Learning occurred in the spring of 2013. During FY 2012-2013, there were an additional 1,058 staff enrolled in the CDS system, with an additional 187,258 lessons completed, representing an 86% completion rate of online training. By the end of FY 2012-2013, the cumulative number of lessons completed in CDS was 1,200,721 with an additional 71,558 training hours completed in the new Relias system between May and June 30.

Both CDS and Relias online training program include accessibility twenty-four hours a day, seven days a week for training and competency-based testing. The curriculum emphasizes core values, person-centered practices, protection of health and well-being. Interactive training modules are created by nationally recognized experts and updated for best practice.

In addition to the online training, offered by Relias to be used both in classroom settings and as web-based learning, DIDD creates and updates training materials used in classroom settings. Some training manuals and power point presentations are posted on the DIDD website for use by families and other interested parties. Staff development worked with the civil rights officer, clinicians, dieticians and nurses to provide resources on Title VI, Preventing Falls, Basic Nutrition, and Eating, Chewing and Choking Problems. These training materials are located on the family services and clinical web pages within the DIDD website. DIDD also administers the Medication Administration for Unlicensed Personnel training program.

DIDD's Regional Office Staff Development units provided classroom training opportunities, promoted through calendars posted on DIDD's website. Classes are offered monthly and upon request can be held both at Regional Office locations or provider locations. Classroom training opportunities include the following:

**Employment**

CB Day/Discovery  
Supported Employment  
Job Coach Training

**Protection from Harm**

Incident Management  
Risk Assessment

**Professional Growth**

Effective Training Techniques

**Person Centered Thinking**

Person Centered Practices  
Person Centered ISP's

**Independent Support Coordination**

Revised training modules

**Orientation**

New Provider Orientation  
Therapeutic Services Orientation  
Title VI  
Individual Rights and the ADA



## **Therapeutic / Health**

Diabetes and Nutrition  
 Nutrition Resources and Menu Planning  
 Physical Status Review (PSR)  
 Falls: Causes and Preventative Strategies  
 Challenges in Physical Management  
 Communication Overview  
 Sign Language  
 Medication Administration for Unlicensed Personnel

## **Therapeutic / Health**

Seizure Training  
 Dysphasia Overview / Swallowing Disorders  
 Supporting the Deaf / Blind  
 Universal Precautions / Infection Control  
 Healthcare Oversight Forms  
 Mealtime Challenges  
 Aspiration  
 CPR/AED, First Aid

## ***Highlights and Accomplishments***

- DIDD offers access to the Relias developmental disabilities curriculum, including jobs development, supervisor training, Microsoft Word and Excel, an enhanced training management platform, plus nationally recognized Continuing Education Units (CEU's).
- Staff Development trained all DIDD supervisory staff timely on S.M.A.R.T. job plans as Tennessee moves forward in implementing the TEAM Act changes to the state's performance evaluation system and tracked those classes in the Edison Learning Management System.
- DIDD partnered with the Department of Human Resources to bring the LEAN government training resources and the TGM leadership training to DIDD staff.
- Staff Development, working closely with Regional transition teams, provided additional training to staff transitioning with people who moved out of Developmental Centers in East and Middle Tennessee into community homes. All the additional training was tracked in the learning management system.
- As DIDD policies were written and implemented for the DIDD ICF/IID homes, the Learning Management System was used for tracking the training of staff on those policies.
- The Webinar tool continues to be utilized to train as new systems are adopted by the Department.

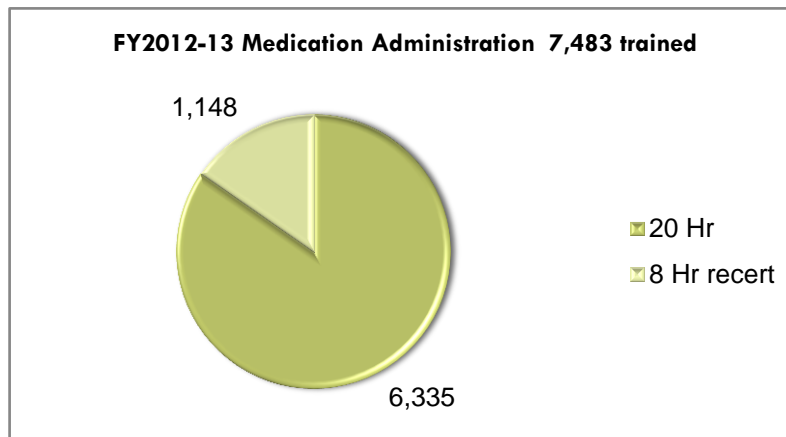
## **Medication Administration Training**

DIDD believes that an integral part of healthy support for people is to have appropriately trained personnel in medication administration. Under Tennessee Code Annotated, an exemption was granted for unlicensed staff to administer medications per the requisite that staff are trained appropriately and maintain their certification. In partnership with certified RN trainers, the Department continues to provide assurances that staff are committed to this training and required certification. Staff Development continues to supervise data collection and the payment of independent and agency trainers of the Medication Administration for Unlicensed Personnel program.

During the fiscal year, 6335 provider staff participated in the initial classes and an additional 1148 staff completed the recertification classes. The pass rate for those med administration classes was eighty-four percent (84%).

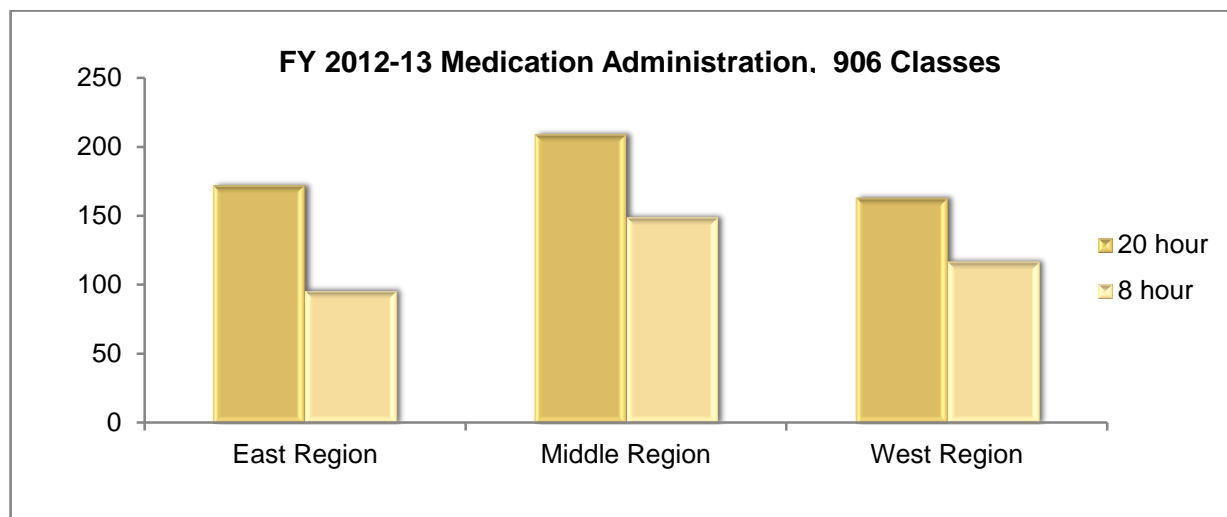


**Chart 2: Participants trained in Medication Administration for Unlicensed Personnel**



The Medication Administration for Unlicensed Personnel program conducted 906 classes: 544 twenty-hour initial classes and 362 eight-hour recertification classes.

**Chart 3: Medication Administration for Unlicensed Personnel Classes by Region**



### **Customer Focused Government (CFG) Training**

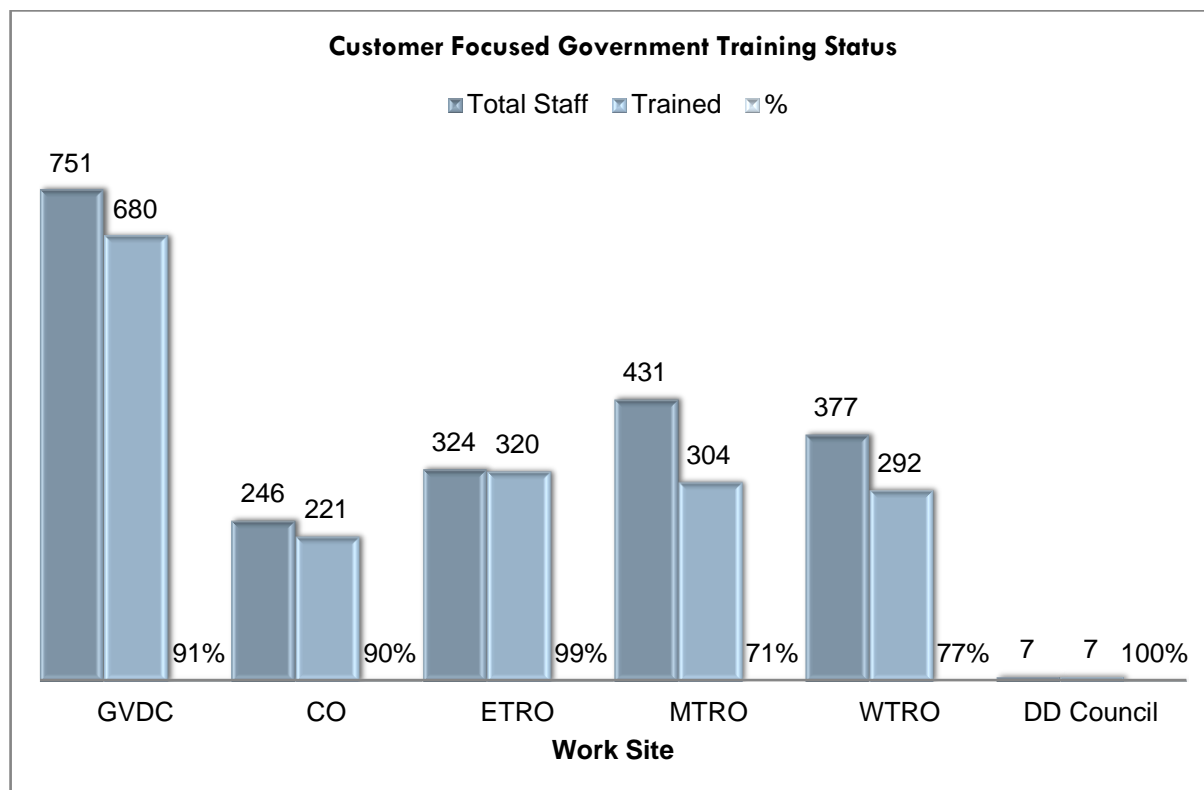
*Customer Focused Government – Great People, Great Service* expresses that the customer service skill set is mission critical to the success of moving Tennessee forward and transforming the way Tennessee does business. This vision was the cornerstone for Governor Haslam creating a new customer service training initiative. The training promotes a shared definition of GREAT customer service, a shared language for providing service to internal and external customers, and a shared understanding among state employees of how to demonstrate excellent service. DIDD was charged with training all of their



employees through active participant involvement and engagement led by Department of Human Resources certified trainers by December of 2013.

As of June 21, 2013, DIDD had trained eighty-five percent (85%) of all staff (1824 out of 2136). The chart below shows the success of staff training in this endeavor. The Department will expect to meet the December 31, 2013 deadline of all staff being trained.

**Chart 4: CFS Training**



**DIDD Provider Development**

DIDD is committed to assuring that people requesting services can choose from a sufficient number of providers. Each provider is approved for one or more HCBS Waiver services and may operate in one or more of the three grand regions of East, Middle or West Tennessee. In addition to DIDD approval, various HCBS Waiver services may require external licenses or certifications that the provider must obtain. Prior to provision of any HCBS Waiver service, the provider is thoroughly reviewed and approved by DIDD for all required licenses and certifications.

To better inform people of the available provider network, DIDD maintains an online DIDD Provider Directory. The directory is divided by region identifying the name, administrative location, services approved to provide and contact information for the provider.

By June 30, 2013, DIDD had a statewide network of 442 providers. During Fiscal Year (FY) 2012-2013, there were 35 new providers added to the DIDD Statewide Provider Network. In addition, approximately 52 current providers were approved for expansions to add a service(s). Of the approved expansions, during FY 2012-2013, 45 providers actually implemented the expansion by adding services to their provider agreement within the FY 2012-2013. See data below for details.

New provider orientation meetings are routinely held for people interested in becoming a DIDD provider and for newly approved DIDD providers. Meetings are held regionally and centrally for providers to begin learning the DIDD service delivery system and statutory requirements.

***Highlights and Accomplishments***

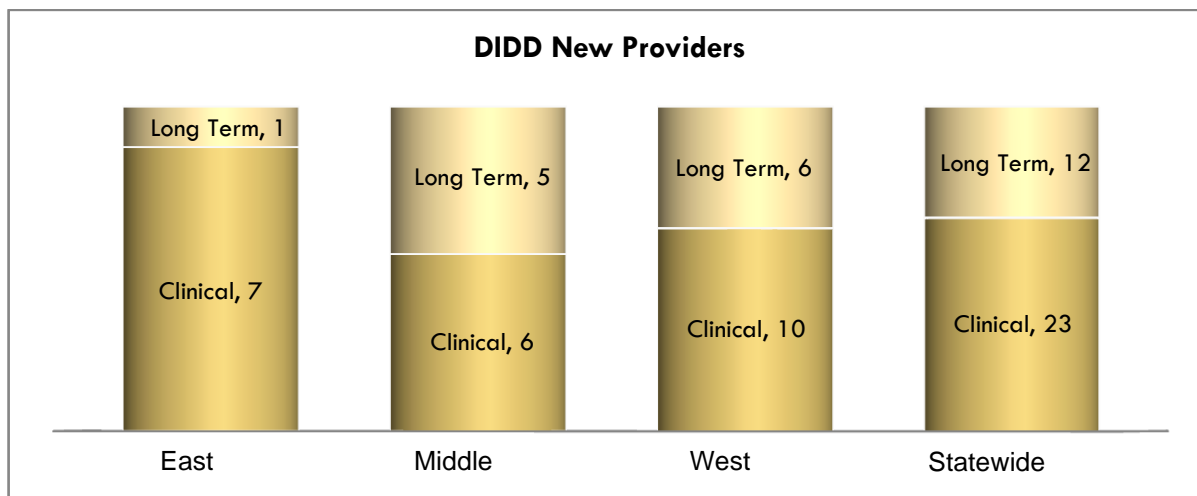
- Ongoing outreach to prospective people interested in becoming DIDD providers: During FY 2012-2013, DIDD hosted a total of 3 Informational seminars and sent new provider applications to approximately 250 applicants.
- Ongoing Training of New Providers: During FY 2012-2013, DIDD hosted a total of 10 new provider orientations across all three DIDD regions served.
- Provider Expansion Approvals: The majority of provider expansion applications were approved within 30 days and no more than 60 days, partly due to access to the DIDD Data Management System that maintains data reflective of providers' competencies over the past year of the provider's services.
- Provider Development continues to respond to the request of stakeholders and frequently updates the online provider directory; hence, providing as much as possible real time data for customers seeking information about the provider network and service delivery.
- Provider Development regularly updates the online Central Office Orientation for new board chairs of approved provider agencies.

***Data FY 2012-2013***

Thirty-five new providers were added to the DIDD provider system.

**Chart 5: New Providers**

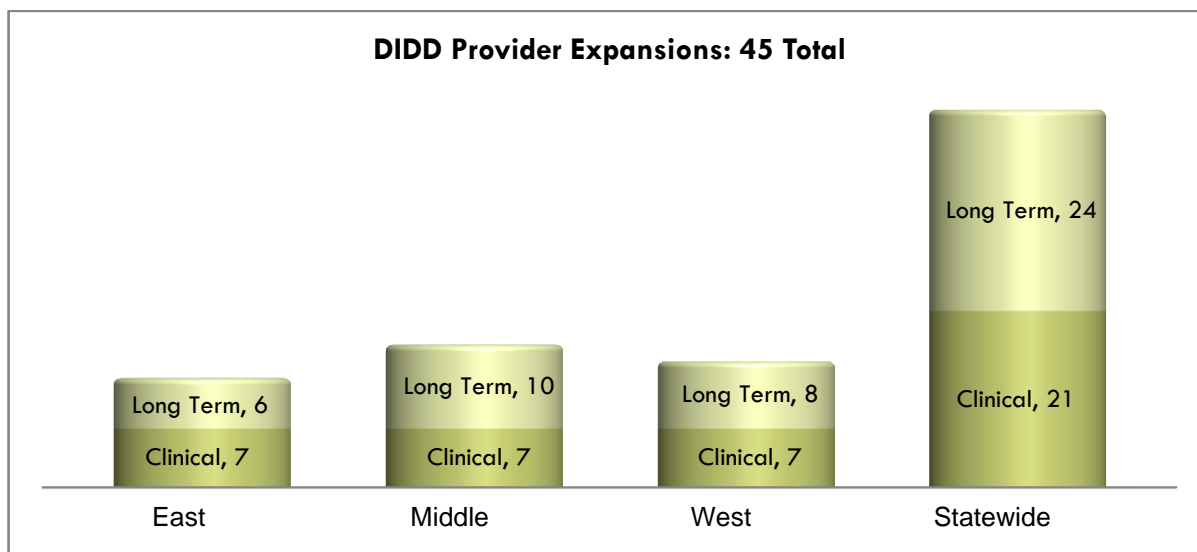
The chart below shows the following data of approved providers by provider type and region:



Many DIDD providers expand operations as people supported start new services and as their needs change. All expansions must be approved prior to service delivery. Throughout the FY 2012-2013, there were 45 approved provider expansions.

**Chart 6: Provider Expansions**

The chart below shows the following data of approved expansions by provider type and region:







## DIDD OFFICE OF HEALTH SERVICES

The Office of Health Services consists of four broad clinical areas, each represented by a clinician: nursing, therapeutic services, behavioral and psychological services, and medicine. Therapeutic services include physical therapy, occupational therapy, speech language pathology, audiology, nutrition, and orientation and mobility. Therapeutic service providers assist people in such areas as: improving balance when walking; communicating wants, needs and feelings; learning to eat a healthy diet; eating safely; adapting environments to meet physical and/or sensory needs; improving work-related skills; and developing independence in mobility with a visual impairment, to name only a few. Two important additional clinical disciplines managed under Health Services are dentistry and pharmacy.

Health Services staff review, approve, and process applications of potential clinical service providers. Incident and investigation reports and death reports submitted by the Regional Offices are reviewed to determine clinical issues to be addressed statewide from a prevention perspective. Limited technical assistance on clinical issues is provided across the state to supplement our regional discipline counterparts. An additional role is to educate regional staff, community providers, families and other stakeholders on health issues pertinent to people with intellectual and developmental disabilities. Training in the past year has included; monthly behavior seminars, clinical documentation, identification of health issues which result in challenging behavior, and recognition of signs and symptoms which can signal changes in health status.

Health care should be evidence based, best practices. However, high quality evidence often is not available because the intellectual and developmental disabilities research is lacking; therefore, together with our clinical colleagues in each of the three grand regions, we provide leadership on determining those practices.

### *Highlights and Accomplishments*

- The unit continued mortality monitoring and review. Reviews monitor for appropriate health care interventions.
- The unit continued work to finalize an updated Medication Administration Curriculum for Unlicensed Personnel.
- Developed a statewide process to review and update therapeutic service training. Reviews are for consistency in course content, evidenced based updated information, and efficiency in class length.
- Classes in Mealtime Challenges and Challenges in Physical Management were reorganized into one-day workshops.
- Established nutrition internship and training partnerships with Lipscomb and Vanderbilt Universities to build exposure to providing nutrition services to adults with IDD.



- Collaborated in the development of two new residential service models offering alternatives for persons with behavioral and mental health challenges:
  - Intensive Behavior Residential Services (IBRS) require the provision of interdisciplinary/holistic services to people with severe or challenging behavior.
  - Semi-Independent Living (SIL) provides an alternative to IBRS for people whose behavioral challenges are exacerbated by intense staff supervision. Judgments regarding safety remain paramount in choosing this model.
- Together with the Vanderbilt Kennedy Center and the Boling Center, a Special Hope Foundation Grant to develop an E-Toolkit to assist primary care providers and families implement evidence based health care was awarded.
- A statewide Admissions Review Committee for admissions to State Developmental Centers was established. The first meeting was June 21, 2013.
- Staff participated with the Tennessee Council on Aging and Disabilities in development of the Healthy Aging Plan.
- Quarterly behavioral health training provided in each region focused on medical and behavioral health factors that may contribute to challenging behavior.
- Health Services staff represented the Department on the following work groups and committees:
  - TN Autism Planning Council and Autism Summit
  - Select Community Blue Cross Blue Shield Clinical Advisory Panel
  - Vanderbilt Kennedy Center Planning Council
  - Department of Health Child Fatality Reviews
  - Children's Council on Mental Health
  - Department of Mental Health and Substance Abuse Services Policy and Planning Council
  - TN Obesity Taskforce
  - Education of Vanderbilt medical student
  - Practicum experiences for Tennessee State counseling students
  - Presentations by the Office of Health Services clinicians at conferences included:
    - Paper presented, "Development of a State System for Optimal Health as a Cornerstone for Individuals with Intellectual Disabilities", IASSID World Congress 2012, Halifax, Nova Scotia, July 12, 2012.
    - Comcare Conservatorship Conference presentation: "Working with the Primary Care Provider", Nashville, Tennessee, November 7, 2012.
    - By invitation presented Pediatric Grand Rounds at Vanderbilt June 7, 2013, "Department of Intellectual and Developmental Disabilities and Department of Children's Services: A Tale of Two Departments".

**Mortality Information**

When people who are receiving services throughout the DIDD service system die, there is a process in place to conduct reviews of the deaths. This process identifies factors which may have contributed to the death and recommends necessary preventive measures to improve supports and services for all people who use the service system.

Data related to deaths are collected for each waiver as well as the developmental centers, community homes and ICF/IID facilities funded by DIDD.

The following table identifies the deaths of people receiving DIDD services for FY 2012-2013.

DIDD Service Program	Number of Deaths
<b>Arlington Waiver</b>	9
<b>Statewide Waiver</b>	149
<b>Self Determination Waiver</b>	17
<b>State ICF/IID Developmental Centers</b>	5
<b>State ICF/IID Community Homes</b>	9
<b>Total FY 2012-2013</b>	<b>189</b>



## DIDD OFFICE OF POLICY AND INNOVATION

The Office of Policy and Innovation strives to increase the quality of life of people supported by balancing what is important to and for them. The Office of Policy and Innovation works diligently to ensure excellence in person-centered practices through writing and revising policies, and training DIDD staff as well as community providers to implement best practices for person-centered organizations. There are three divisions within the Office of Policy and Innovation. These include: Accreditation, Person-Centered Practices, and Policy.

### **Policy Division**

The mission of the Policy Division is to develop policies, procedures and other guiding documents necessary for day-to-day operation of DIDD and contracted providers that are person-centered and focus on improving the quality of life for all Tennesseans with intellectual and developmental disabilities.

#### *Highlights and Accomplishments*

- The unit coordinated the development of three new services to the State's Medicaid Home and Community-Based Services (HCBS) waivers. Those services were In-Home Day Services, Intensive Behavioral Residential Services, and Semi-Independent Living Services.
- Achieved Centers for Medicare and Medicaid Services (CMS) approval of the renewal of the State's Self-Determination Waiver and the State's amendments to the Arlington Waiver and Statewide Waiver.

### **Person Centered Practices**

DIDD made great strides in becoming a person centered system and moving the initiative to providers. The Person Centered Organizations (PCO) initiative is being implemented across the country; it is also an international effort to promote enhanced systems that improve personal outcomes for the people supported. Working alongside the Council of Quality Leadership (CQL), DIDD has incorporated person centered practices into the DIDD service delivery system.

With the development of Person Centered Units in both the Central Office and each Regional Office, providers have direct access to training, mentoring and assist in developing methods to becoming a PCO.

In becoming a PCO, strategies are identified that assist organizations to become more person centered in their practices. Organizations learn to use the person centered tools/skills for solving problems and to achieve organizational goals and outcomes. The process supports organizations in becoming more efficient in their work while helping the people who use their services have lives they desire.



A PCO consists of Coaches (agency middle managers, senior direct support professionals, ISCs, case managers) and Leaders (self-advocates, agency senior managers, state management personnel, agency board members, family members, and ISC directors). Both groups work collectively to modify and implement changes to policy, practice, infrastructure, and rules that impact person centered practices.

It has become evident that as organizations choose this endeavor, the results are a stronger commitment to excellence and in supporting people in achieving the lives they desire. Every PCO is challenged to examine its supports for the implementation of best practices.

Organizations that fully participate have found that the people they support have better relationships, and are listened to by the people who provide support. There are also fewer crises, and those who provide direct support services feel more valued. Organizations typically notice a change in the organizational culture, which creates a boost in morale.

Providers of residential supports will experience their staff working more closely with Independent Support Coordinators, Advocates, DIDD Central and Regional Office staff, and ancillary providers during this process. The groups complete training, receive support and on-the-job learning and implement Person Centered Tools. They work together to identify barriers within the system that affect Person Centered Practices, and once the barriers are identified the groups work together to begin action planning to remove the barriers.

The regional Person Centered Planning units are available to assist people with “Person Centered Planning” meetings. The Units will facilitate the meeting as a neutral party for a person supported. The planning meeting utilizes Person Centered Thinking skills/tools to help with barriers that are identified. If a person is interested in using this system for personal planning, a referral form is available on the DIDD website.

#### *Highlights and Accomplishments*

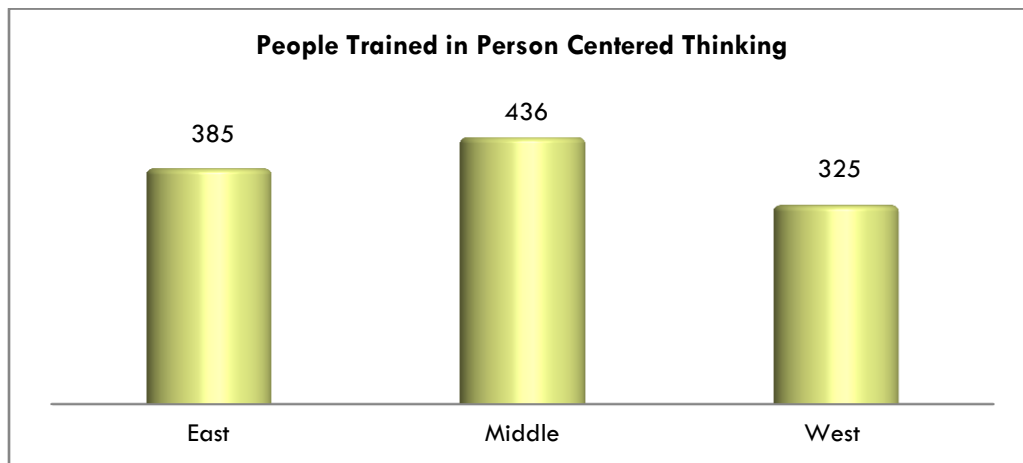
- The Second Annual Tennessee Gathering, a conference for person centered practices, was held at the Fall Creek Falls State Park in Pikeville, Tennessee. There were an estimated one hundred and twenty participants at the gathering. The theme was “*Person Centered Voyage: Boldly Going Forward*”.
- There are 20 credentialed Person Centered Thinking trainers statewide. Tennessee now has four Mentor Trainers. Mentor trainers will help to develop more trainers across the state.
- There are 15 credentialed People Planning Together trainers (self-advocates). There were six classes held across the state. Ninety-seven people participated in the classes. The goal is to have more self-advocates trained to become People Planning Together trainers.
- There are approximately 310 Person Centered coaches statewide. Coaches serve as the lead in the implementation of person centered thinking skills. Coaches help to demonstrate how the person centered thinking skills work.
- Three new Person Centered Organizations were added.

**Person Centered Thinking Training**

Person Centered Thinking training is the introduction to Person Centered Practices and are available in each region on a monthly basis. Times and dates can be found on the DIDD website.

**Chart 7: People training in PCT per region**

By the end of FY 2012-2013, there were total 1146 people trained statewide in Person Centered Thinking.

**Success Stories**

- A person supported has a personal goal to learn about 911. He practiced and learned to call independently. His Personal Assistant (PA) became ill one day, and he was able to put his new skill to good use by taking over the 911 call and speaking to dispatch on her behalf. The PA calls him her “hero.”
- Through Person Centered practices, a person supported had an Independent Support Plan that went from 40 pages to 20 pages. The 20 pages accurately describe how to support him vs. a listing of problems identified in the previous ISP. While the person continues to experience behavioral issues, through utilizing persons centered thinking, the issues do not rise to the level of crisis as before. The team has carried forward person-centered practice for two years after the ETRO faded out.
- Janie is vibrant and determined. She is a wonderful self-advocate and knowledgeable about her needs, both emotional and medical. Janie and her independent support coordinator requested person centered facilitation due to her dissatisfaction with services and supports, high-risk issues, and barriers to service delivery. Managing her health was important to and for her so that she can remain in her community. In the past, Janie had made some poor decisions, which she knew had caused a negative reputation. Utilizing person centered practices, the results for Janie were:



- Communication improved;
  - Select Community became involved to assist with health care facilitation in the community;
  - Misunderstandings were addressed and actions developed to prevent them in the future;
  - The team gained an understanding of what is important to Janie and how to support her to have those things in her life;
  - “Root causes” were disclosed and addressed;
  - The team began to listen and act on what they heard;
  - Resolution and movement occurred toward helping Janie have a better life;
  - The learning and discovery was incorporated in to the ISP for implementation;
  - Janie’s health has improved as well as the community health care supports.
- Don was a very independent man who enrolled into services when he needed a place to live and receive supports for his health. He was from a small town in which the community knew him yet, he did not have the natural supports that would keep him in a stable living environment. When he first went into supported living, the home was in a nearby town, but not where he was used to living. It was a struggle for Don to accept additional supervision and roommates. He told his Support Coordinator he was miserable and felt he was “ordered around” as if he “lived in the Pentagon”. A negative label identified him due to an event from his past. He began running away from his new home repeatedly, always ending up in his old hometown. His ISC used Person Centered Practices to develop solutions that would help Don have a better life. Don had shared with the ISC that a person from his hometown may be able to help with a new living option. As Don and his PA and ISC went back to his hometown to find this person, they immediately found him on the town square. They asked him if he had any rentals available that would work for Don. The friend had a place in mind, an apartment directly where they stood! Don knew this man from his old town would help. Today, Don is living on his own again, but with assistance from a Personal Assistant. The Personal Assistant assists in maintenance of his apartment, financial issues and provides support with his health needs. He also has a new mental health provider that is providing a new direction in his care. Through Person Centered Practices, staff around Don listened to him, saw what was not working for him and took the extra initiative to seek for him an environment in which he could take the helm in making choices.



## DIDD ACCREDITATION

In August 2012, the Department of Intellectual and Developmental Disabilities embarked on a new initiative called *Network Accreditation: Person Centered Excellence*. This initiative marks the Department as becoming the first accredited state system focused on intellectual and developmental disabilities in the United States. The department signed a contract with The Council on Quality and Leadership (CQL) which offers consultation, accreditation, training and certification services to organizations and systems focused on person-centered excellence. Since 1969, CQL has been a leader in the definition, measurement, and improvement of quality of life for persons receiving services and supports.

*Network Accreditation: Person-Centered Excellence* will provide quality improvement by network members, establish community partnerships and strategic planning, and create a framework of sustainability by training state and regional office staff in data collection and analysis, as well as leadership development for self-advocates. Central Office leadership staff and Regional Accreditation Teams have been established to implement this initiative. Accreditation will be complete in 2015 after DIDD and providers participate in a three-year process of capacity-building, data gathering, and network evaluation. Through this initiative, DIDD will become an international model for service delivery.

The Department is the entity who will receive accreditation and will therefore be responsible for developing and implementing a written plan to the Council on Quality and Leadership in order to become accredited. Data collected on people who use services in the form of Personal Outcome Measures and on providers in the form of Basic Assurances Assessments will assist in development of the plan. Basic Assurances® define safeguards from the person's perspective. Published in 2005, CQL's Basic Assurances® include 10 factors and 46 indicators. These Basic Assurances® are a balance between concerns for individual Health, Safety and Security and the necessity of social constructs such as Respect, Natural Supports and Social Networks to ensure sustainable outcomes for people. The Basic Assurances® measures the effectiveness of policy and procedures according to practice, person by person. Official data collection for the accreditation plan will begin in 2014.

In Fiscal Year 2012-2013, an information campaign began to provide training and allow providers to begin the Accreditation process. Providers and ISCs hosted and participated in both Personal Outcome Measures workshops and Basic Assurances training. The purpose of the training was to familiarize stakeholders with the standards and tools CQL will use to review the Department's efforts in Person-Centered Excellence. The system will be impacted by changes needed to ensure that DIDD will become accredited, which also impacts the way providers are expected to do business.

In FY 2012-2013, DIDD implemented Phase I of the accreditation process that involves building internal capacity.



*Highlights and Accomplishments*

- In August 2012, 12 DIDD employees from each region and Central Office completed the first step in becoming certified trainers for the Personal Outcome Measures (POM) workshop. Attendees learned how to interview people served, staff, families, ISCs and Case Managers to gather information in order to determine the presence or absence of the 21 Personal Outcome Measures (POM) and the supports needed to ensure POMs are present in people's lives.
- In October 2012, member of the CQL staff presented “The Basic Assurances Measures Overview” in Nashville for providers and DIDD staff to attend.
- All staff on the Accreditation Team, as well as Quality Management staff and Person Centered Practices staff are certified in the Personal Outcome Measures work as outlined in the accreditation work plan. DIDD Regional Staff have successfully completed the certification process required by CQL in order to become Personal Outcome Measures Workshop facilitators.
- The statewide Accreditation Advisory Council met for the first time on November 14, 2012. The group discussed how to support DIDD in becoming accredited. The council recommended the organization of regional advisory councils.
- Beginning in March 2013, the DIDD Accreditation team started conducting at least one Personal Outcome Measures workshop per region.
- Four DIDD staff are in the process of becoming Certified Quality Analysts with CQL. As part of this certification process, each staff has chosen a project related to DIDD and the services provided. The projects should be complete in FY 2013-2014 and will be finished with a presentation of the summary of findings and recommendations for DIDD. These projects are:
  - What data is used by DIDD and what data needs to be collected and used to measure success for the “What Matters Most” indicators used for CQL for accreditation?
  - How can families become more educated about Person Centered Thinking?
  - Will the new tool developed for ISCs improve ISPs, specifically outcomes and actions?
  - What are the provider characteristics which help promote supporting people and informed choice?
  - Beginning in 2014, the “official” sample of people receiving services and providers will be selected by CQL for review. There will be approximately 420 Personal Outcome Measures Interviews conducted in early 2014. In addition, there will be approximately 35 Basic Assurances Self-Assessment Validations completed during the first six months of 2014.
  - Eleven self-advocate mentors completed their two-day training. Beginning in 2013, these mentors will be working with various groups across the state to facilitate focus groups and gather data from people who use DIDD.



## DIDD PROTECTION FROM HARM

The DIDD Protection from Harm (PFH) system has long been considered one of the key components in the Department's commitment to the safety and welfare of persons receiving services. PFH is comprised of two areas: Incident Management and Investigations. Incidents reported by contracted providers, private ICF/IIDS, and DIDD-operated intermediate care facilities are entered into a database by Central Office staff. Incomplete or inadequate incident reports generate follow-up inquiries by DIDD personnel. Investigations are opened for reports of abuse, neglect, exploitation, serious injury of unknown cause, suspicious injury, and unexpected or unexplained deaths. Incident data is utilized by both the State and Regional Quality Management Committees and DIDD management for a variety of purposes, including focused training and technical assistance for providers, identification of trends in incident type and frequency, monthly, quarterly and yearly comparisons and other useful analyses.

The PFH Investigations unit is comprised of 47 investigators statewide, including an Investigations Coordinator in each of the three regions, the Director of Investigations and administrative staff in the Central Office. During the fiscal year ending June 30, 2013, 1,874 investigations were completed. To augment the investigation process, DIDD utilizes an Abuse Registry Review Committee (ARRC), the membership of which includes persons outside the Department, to review referred substantiated cases for placement of substantiated individuals on the State Abuse Registry. Of those offenders which the ARRC refers for placement on the State's Abuse Registry, the cases of those who appeal are referred to the DIDD Office of General Counsel for disposition.

### *Highlights and Accomplishments*

- In cooperation with the Metro Nashville Police Department, PFH created a crisis information sheet for use by provider agencies in providing critical information needed by law enforcement and other first responders.
- The PFH policy for intermediate care facilities operated by the Department was revised and implemented.
- Quarterly statewide PFH meetings for DIDD staff were reinstated.
- A quarterly PFH meeting for providers was instituted in place of the quarterly incident management meeting to include subjects and issues concerning investigations.
- The procedure for requesting an exception to the requirement of administrative leave in certain investigations was updated to improve timely consideration of such requests.
- PFH leadership assisted Mid-America Consulting Group and DIDD Information Systems regarding the design of the PFH module for Project Titan.

### **Incident Management**

All contracted providers are expected to have in place internal procedures and requirements to ensure the prompt and appropriate reporting of incidents involving persons served, and to respond quickly to



such incidents to protect the vulnerable persons in their care. Incidents that are reportable are listed in the Provider Manual and include allegations of abuse, neglect, exploitation, serious injuries of known or unknown cause, suspicious injury, death, missing person, and specified medical, behavioral and psychiatric incidents.

Providers are required to utilize internal incident management processes to review incidents at regular intervals and to take steps designed to prevent similar occurrences. Identification of at risk persons, analysis of trends and patterns and implementation of strategies and procedures to reduce risk are important provider management-level responsibilities.

#### *Highlights and Accomplishments*

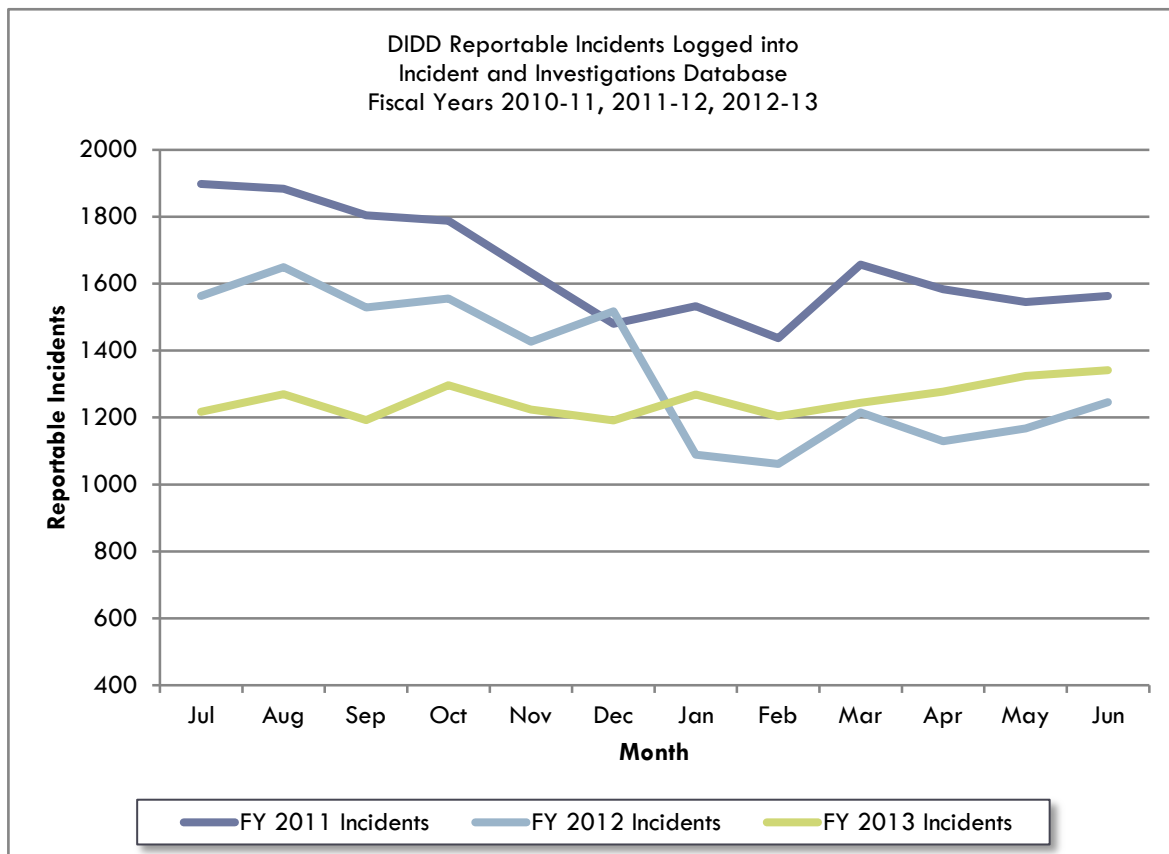
- PowerPoint presentations were developed and used during quarterly provider meetings for training on incident reporting using the Reportable Incident Form (RIF).
- Incident Management staff participated in data entry training for the purpose of reducing the time interval from receipt of the RIF to entry of data into the database. Significant improvement was achieved as the result of the training.
- A new review process was implemented for incidents of Reportable Staff Misconduct (RSM). RSM was addressed during two of the quarterly provider meetings and one of the statewide quarterly PFH meetings for DIDD staff.



#### *Data FY 2012-2013*

There were 15,061 reportable incidents logged into the DIDD Incident & Investigations database. The following graph illustrates the monthly patterns of incidents reported to the Department for the last three fiscal years:

**Chart 8: Reportable Incidents Logged**



#### **Investigations**

The Investigation unit serves to quickly respond to allegations of abuse, neglect and exploitation by paid caregivers, and produce quality and timely investigative reports to the provider community that are useful in further reducing risks. The unit also works to remove abusive individuals from providing care through referrals to the state's Abuse Registry. In each of the three regions there are investigators led by an investigations coordinator. Investigations are monitored on a quarterly basis by the State Quality Management Committee.

#### *Highlights and Accomplishments*

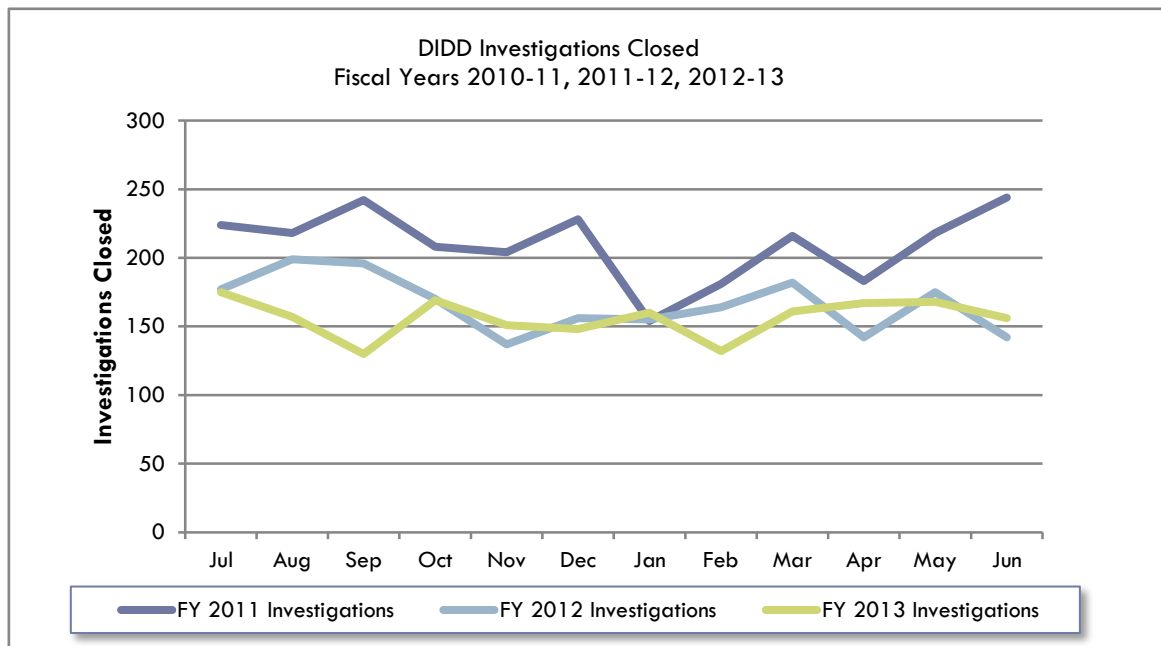
- Revisions were made to the process for requesting an exception to the requirement that a staff person under investigation be placed on administrative leave.



- A new Abuse Registry Referral Form was approved and implemented.
- The General Investigations Guidelines were revised.
- In cooperation with DIDD Health Services management, a system for including the Mortality Nurses on all death investigations was developed in each region.
- DIDD's Substantiated Investigations Record Inquiry (SIRI) database continues to be a valuable tool for providers seeking to hire responsible direct care staff. Use of SIRI is voluntary, and information concerning prior substantiations is released only after the applicant provides a signed authorization for release of information.
- The Statewide Investigation Review Committee (IRC) reviewed 12 final investigation reports during the fiscal year. Of those, 7 substantiations were upheld, 5 were overturned and 1 was reduced to reportable staff misconduct.
- The Abuse Registry Review Committee (ARRC) made 54 referrals during the fiscal year, and DIDD placed 46 persons on the Health Department's Abuse Registry. Placement on the registry means the person can no longer be paid to support a vulnerable person.
- The Clinical Investigator participated in follow-up activities on incidents involving medical or nursing issues and assisted in 90 investigations by providing nursing information and opinion. Referrals of 17 licensed professionals to the Department of Health/Health Related Boards, TennCare and other governmental authorities were made. The Clinical Investigator tracked, monitored and reviewed all deaths and participated in all death reviews.

*Data FY 2012-2013*

Of the 1,874 investigations closed by DIDD regional investigators, 486 or twenty-six percent (26%), were substantiated for abuse, neglect or exploitation. Supervision neglect was the most common type of substantiation. Of the total number of substantiated cases, sixty-seven percent (67%) were for neglect, nineteen percent (19%) for abuse (including psychological or emotional abuse) and fourteen percent (14%) were for exploitation. A comparison of the total number of closed investigations for FY 2012-2013 to the previous two fiscal years is illustrated in the following graph:

**Chart 9: Closed Investigations**



## DIDD OFFICE OF QUALITY MANAGEMENT

The Office of Quality Management includes the functions of Quality Assurance, Compliance, Fiscal Accountability Review (FAR) and ICF/IID Quality Improvement. In addition to these areas, this office oversees the DIDD Quality Management System which exists to provide a comprehensive systemic mechanism for ensuring that people are offered services and supports that are person-centered and of high quality.

The Quality Assurance Unit of the DIDD is responsible for surveying contracted community-based providers to determine levels of performance related to the quality of services provided. Types of providers surveyed include those that provide day, residential, personal assistance, support coordination and clinical services. Survey data collected is used to assist in determining the level of quality across the service delivery system and make decisions about provider viability. This data is also incorporated into the DIDD quality management reports for distribution to interested people.

The survey instruments that are used were developed by DIDD in conjunction with the Bureau of TennCare, the Centers for Medicaid Services and other stakeholders and are based on a set of quality outcomes and indicators that measure performance. Regional Quality Assurance surveyors conduct the surveys.

### *Data FY 2012-2013*

Quality Assurance conducted and analyzed 176 provider reviews directed toward improvement of services throughout the system. The survey tools continued to focus on ten Quality Assurance Domains and related Outcomes, applied as applicable based upon the type of services an agency provides.

#### 10 Quality Assurance Domains:

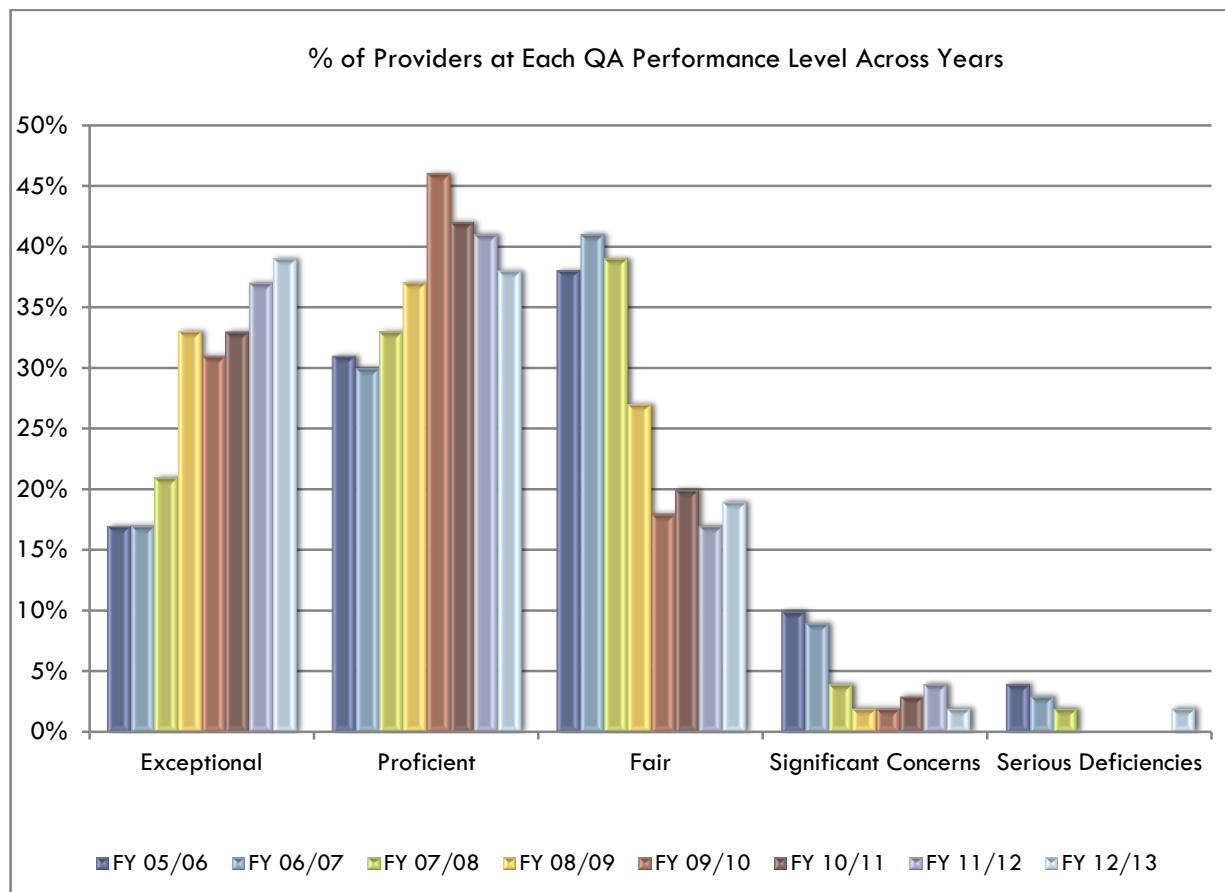
- Access and Eligibility
- Safety and Security
- Health
- Relationships and Community Membership Opportunities for Work
- Provider Capabilities and Qualifications
- Individual Planning and Implementation
- Rights, Respect and Dignity
- Choice and Decision-Making
- Administrative Authority and Financial Accountability

Data obtained from these Quality Assurance reviews is used in a variety of ways including: facilitating positive change, promoting provider improvement and in Departmental planning.

**Chart 10: Quality Assurance Performance Levels Across Years**

Quality Assurance Performance Levels cumulatively across all provider types across multiple fiscal years are in the chart below. Note:

- The category of Exceptional Performance is continuing to show an upward trend thru FY 2012-2013 with a downward trend in the number of providers performing in the Proficient category;
- The number of providers performing Fair in FY 2012-2013, while showing a general downward trend, did demonstrate a slight increase similar to but not exceeding the slight increase in FY 2010-2011;



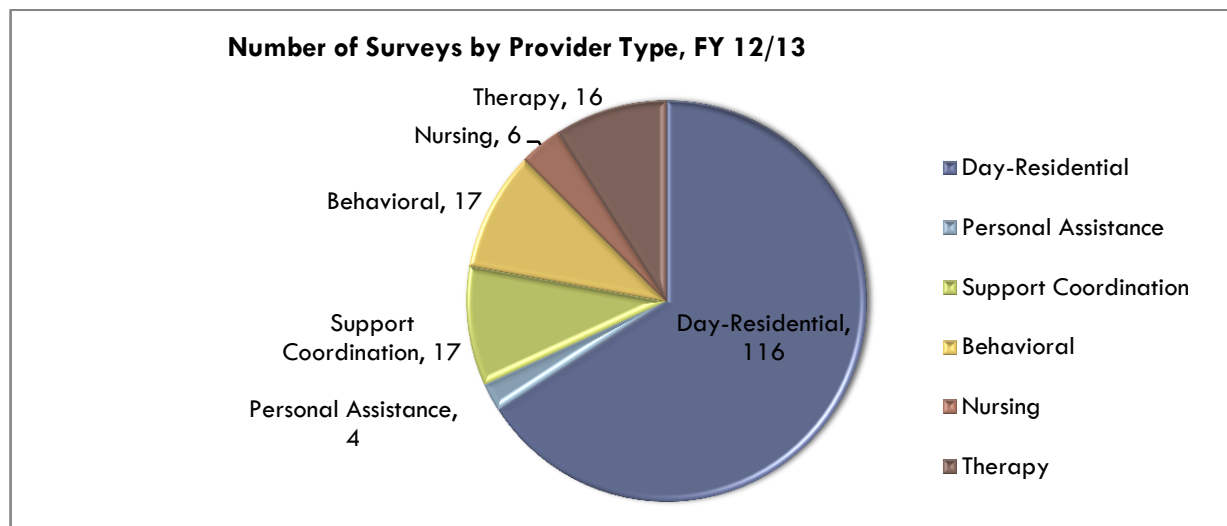




**Chart 11: Number of Quality Assurance Surveys Completed**

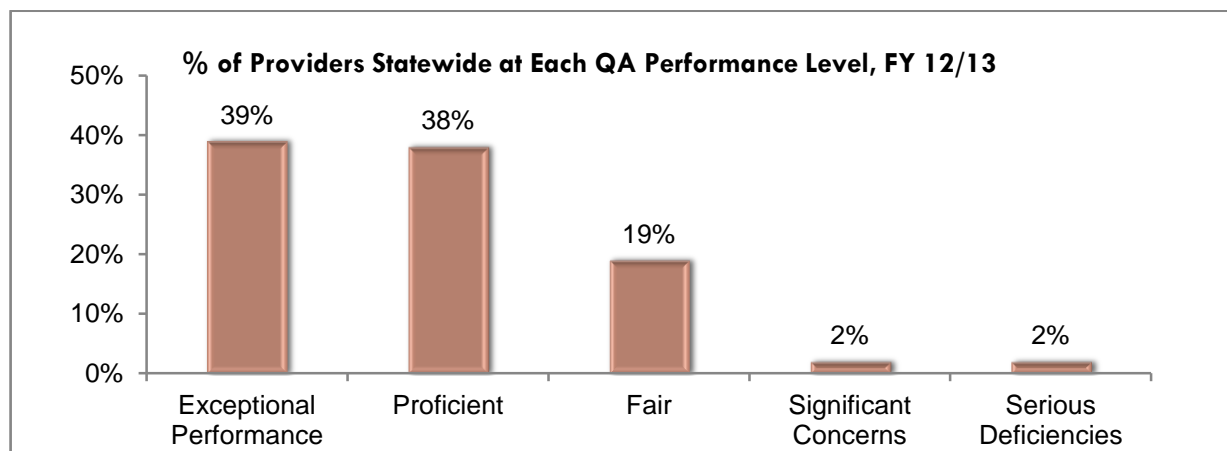
This chart represents the distribution of the 176 Quality Assurance surveys conducted among the various provider types in FY 2012-2013.

Quality Assurance surveys are conducted for the various types of providers annually, except for independent clinical providers (which may be surveyed every three years) and providers achieving either three-star or four-star status, the designation of which allows for these providers to be surveyed every other year.



**Chart 12: Distribution of Performance Levels Across all Provider Types**

The percentage of providers achieving Exceptional Performance has increased from thirty-seven percent (37%) last fiscal year to thirty-nine percent (39%) this fiscal year. There have been slight reductions in the percentage of providers performing in the Proficient category and an increase in the percentage of Fair providers.





### **HCBS Waiver Performance Reviews**

The QA Unit is also responsible for conducting individual record reviews to determine compliance with CMS-approved performance measures in the assurance areas of Level of Care, Health and Welfare and Service Plans. During FY 2012-2013 the QA Unit conducted 623 reviews, utilizing a random sampling process for each of the three approved waivers.

### **The Compliance Unit**

The Compliance Unit oversees the collection, analysis and distribution of data related to services and supports provided by DIDD. This includes data about census, waiting list, service authorizations, incidents and investigations, complaints, appeals, quality assurance surveys and CMS performance measures. This unit is also responsible for assuring that all required contract deliverables related to the three waiver programs are submitted to the Bureau of TennCare timely and correctly.

The unit also produces the Quality Management Report on a monthly basis. This report is used by DIDD and the Bureau of TennCare management to ensure statewide compliance on an ongoing basis with the Centers for Medicare and Medicaid Services.

The Compliance Unit produces the DIDD Data Management Report (DMR) on a monthly basis. This report is a collaborative report with information submitted by various disciplines throughout DIDD. Data for census, waiting list, service requests and authorizations, Protection from Harm statistics and Quality Assurance surveys are compiled for systems review. The data is also analyzed quarterly for noted trends.

### **The Fiscal Accountability Review Unit**

The Fiscal Accountability Review (FAR) Unit is responsible for conducting monitoring of contracted providers to assure that billing to and payments from DIDD are supported by the provider's documentation of provided services. This monitoring is required for all providers that bill for services in excess of \$300,000 per year. FAR also reviews for compliance with the state's Policy 22 requirements as well as for provider solvency and other special tests such as public accountability, board minutes, Title VI compliance, subcontracting, personal funds and Deficit Reduction Act compliance.

**Quality Improvement DIDD Intermediate Care Facilities for Individuals with Intellectual Disabilities (ICF/IID)**

The Quality Improvement (QI) Unit continues to provide technical assistance to ICF/IID home providers operated by DIDD, developmental centers and the Harold Jordan Center (HJC). Current information relating to best practices in services as well as memos issued from the Centers for Medicare and Medicare Services (CMS) are shared with the providers. DIDD provides technical assistance for initial and annual ICF/IID certification, federal court requirements and court mandated external reviews of DIDD providers. The DIDD ICF/IID providers and HJC also provide data and trends regarding person centered practices and outcomes achieved. These reports are analyzed by the ICF/IID Liaison office for trends related to the quality of services and supports. Guidance is also provided in the development, revision and/or implementation of policies, procedures and operations in regards to ICF/IID requirements and person centered practices.

The QI Liaison also assumed supervisory responsibilities for the new DIDD ICF/IID survey operations in the latter part of FY 2012-2013. The formation of this team was a result of the Arlington Exit Plan. This team will be trained and begin conducting ICF/IID surveys for private ICF/IID providers in 2014. The Department of Health will retain ICF/IID survey responsibilities of the DIDD ICF/IID providers.

On the following pages are graphs of the internal quality improvement reports of the DIDD ICF/IID providers and HJC as well as graphs of the ICF/IID surveys by the Department of Health. All the providers have consistently scored above 80% with two staying above 95%. West Tennessee Homes data is not represented in the graphs as they had a vacancy in their QI position for most of the fiscal year. A new person hired in the latter part of the fiscal year and has begun implementing internal QI reports and data that will be represented in the next annual report.

***Highlights and Accomplishments***

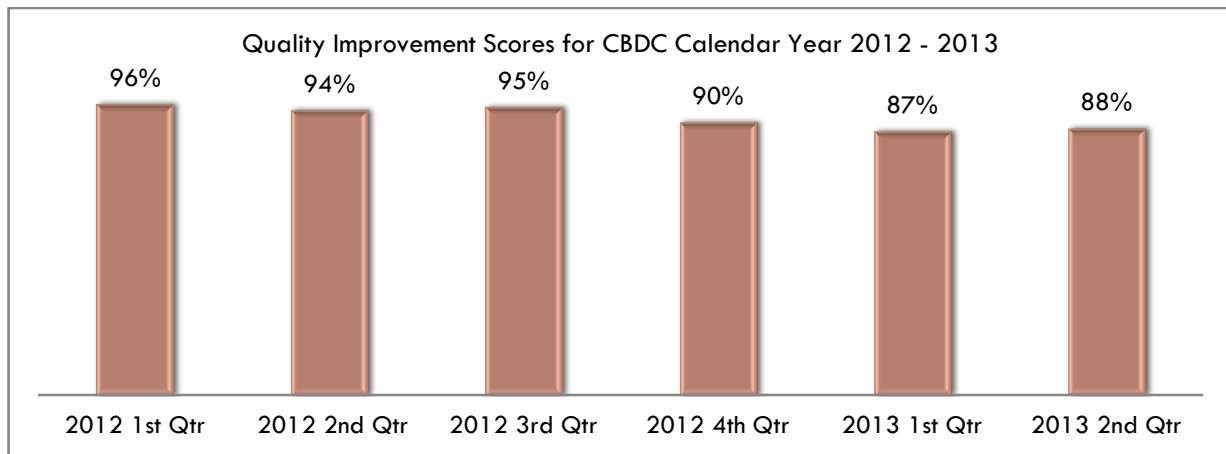
- Eleven staff positions were established for the new DIDD ICF/IID survey team. By the end of the fiscal year, eight of the positions were filled: a Director of ICF/IID Survey Operations, an Administrative Assistant, and six of the nine surveyors. A memorandum of understanding between the Bureau of TennCare, the Department of Health (DOH) and DIDD signed establishes agreement to this new team. Moreover, the establishment of such a team is something that has never been done in any state thus far.

***Data FY 2012-2013***

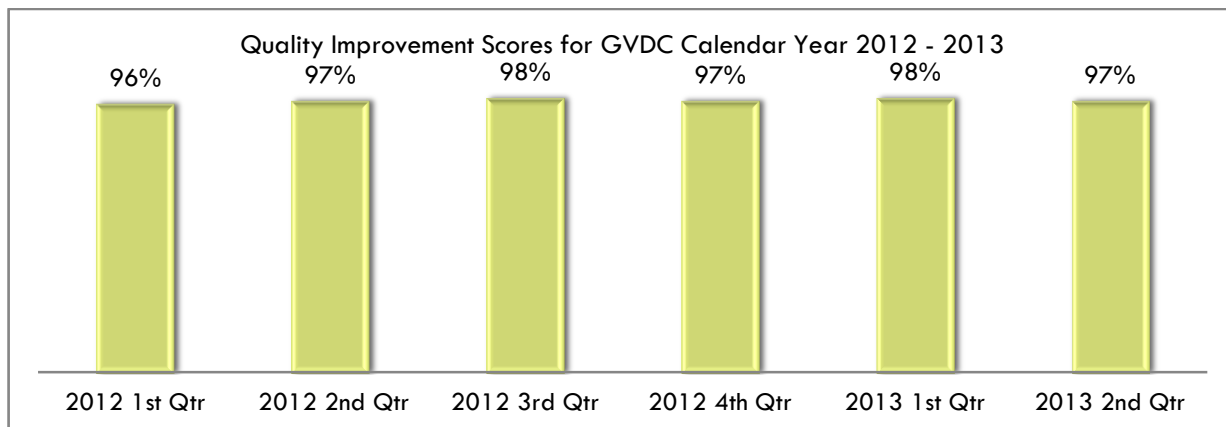
Below, the first set of graphs represents the Quality Improvement Scores achieved from ICF/IID surveys. The data compares quarterly scores for DIDD ICF/IID facilities beginning in calendar year 2012 through the second quarter of 2013.

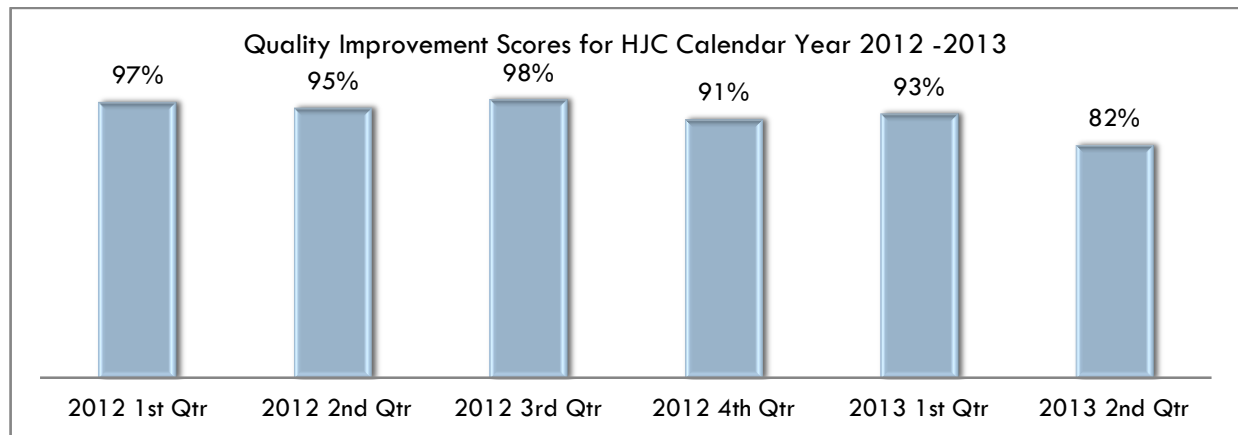
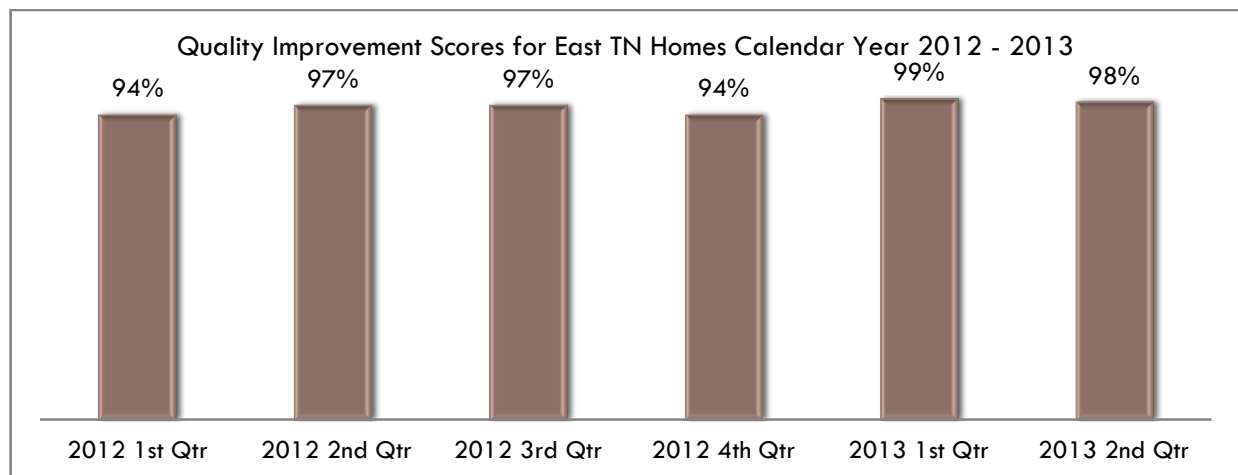


**Chart 12: Clover Bottom Developmental Center**



**Chart 13: Green Valley Developmental Center**



**Chart 14: Harold Jordan Center****Chart 15: East Tennessee Community Homes**

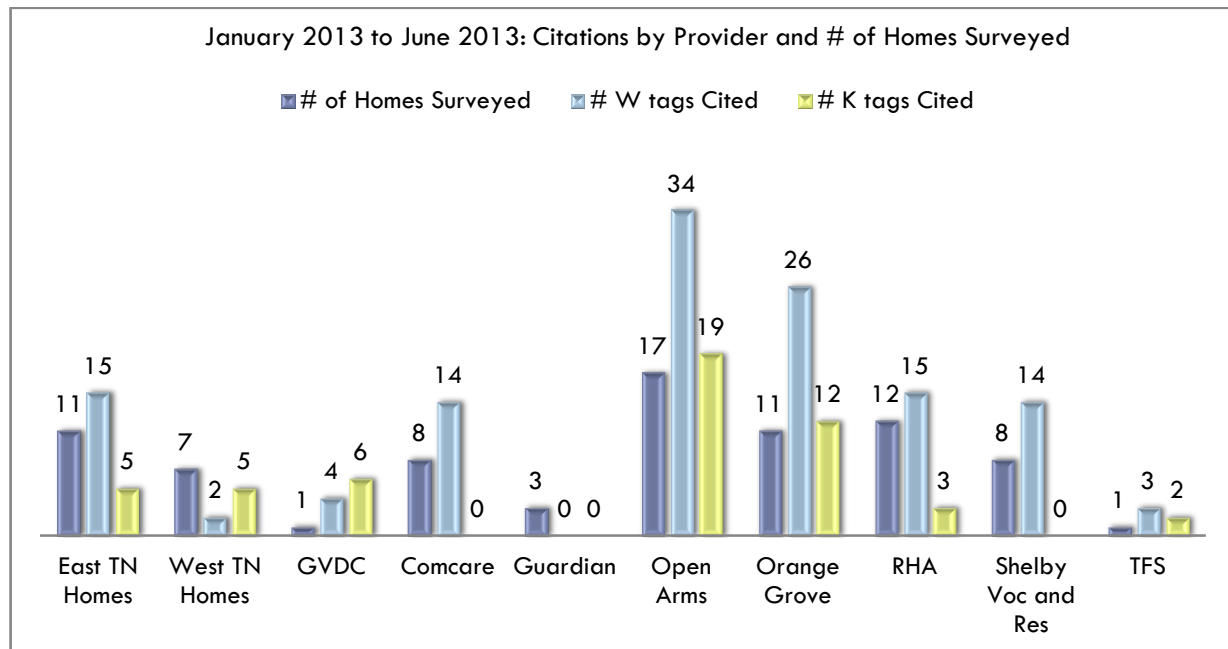
The chart below is a summary of surveys completed by the Department of Health when reviewing ICF/IID providers: privately and state operated. The data represent those surveys implemented from January 2013 to June 2013. The data identifies the name of the provider, how many homes that provider had surveyed (each home is a separate licensed facility) and the number of W and K tags cited.

Within the ICF/IID survey protocols, W tags represent major areas such as active treatment, health services and supports, behavioral services, protection of rights, protection from harm, conduct toward



people supported and nutritional supports. K tags represent environmental life safety reviews (e.g. fire and disaster drills, electrical equipment, home environmental safety issues, maintenance, etc.).

**Chart 16: Citation Tags by Provider**



The final set of charts below identifies the number of citations by category.

**Chart 17: Citations by Category- A**

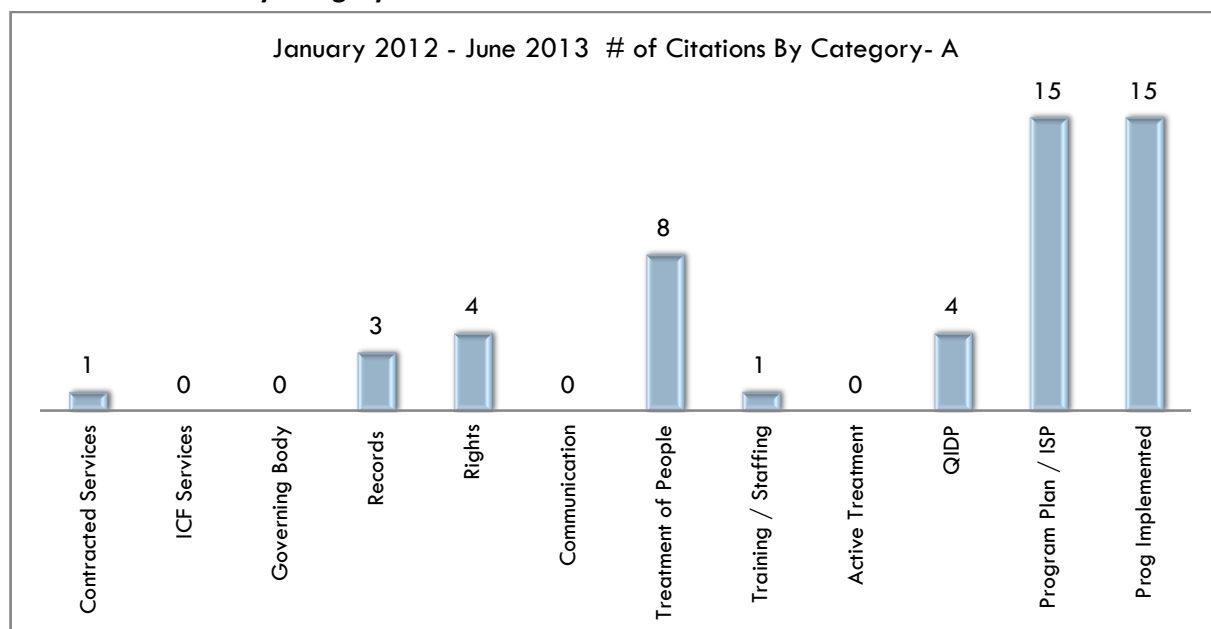




Chart 18: Citations by Category- B

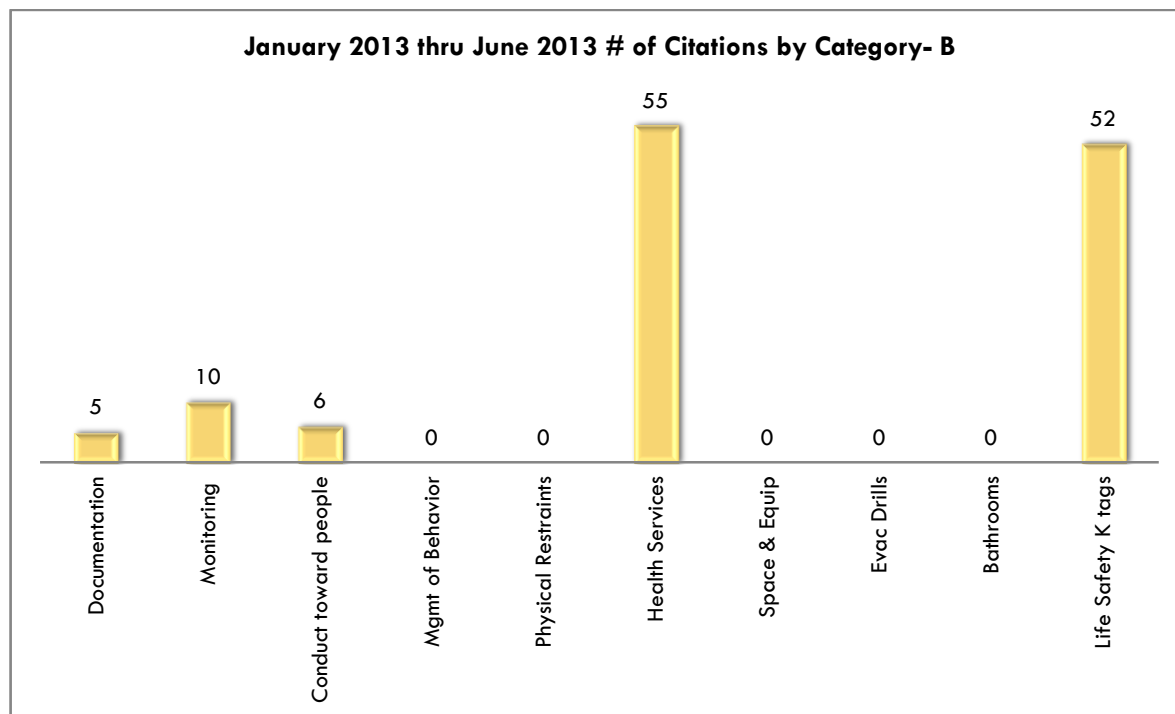
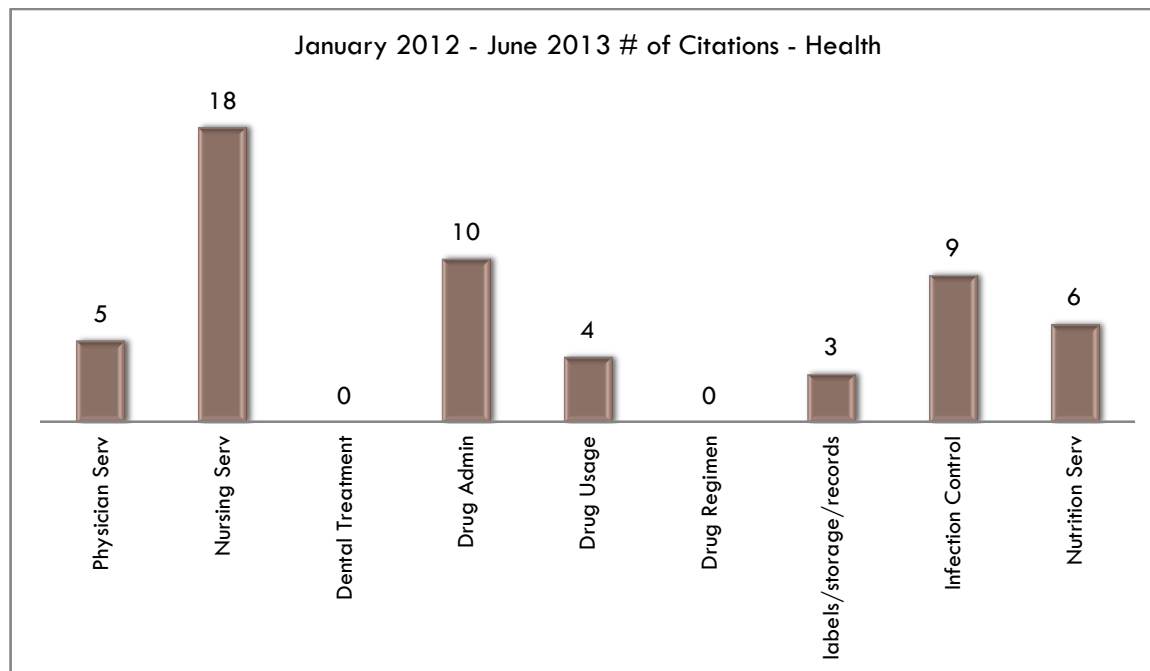


Chart 19: Citations by Category- Health





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